CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber M.D. Title: Commissioner of Health — 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS: 2 negative Rolls

C. P. Force — Records Management Officer — 3/18/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR — Thomas C. Young

2. APPROVED: CITY SOLICITOR — Thomas B. Finan

3. APPROVED: CITY COMPTROLLER — Hugh A. Brown

4. APPROVED: CITY TREASURER — Bernard Lukemeyer

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS — W. T. Hunter

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM — Carl N. Hunter

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

F 05501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05501

CERTIFICATE OF DEATH

167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 E. 31st St St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Franck Becke

(a) Residence: No. 1613 E. 31st St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Margaret Friess

6. DATE OF BIRTH (month, day, year) Jan 13/1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT John C. Gross
(Address) 1613 E. 31st St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. Date Oct. 11 19 34

19. UNDERTAKER John A. Mclan
(Address) 3000 E. Balto. St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 8/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at probably before 9 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol Shot wound in rt temple region	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury same 19 .....
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in his bed room.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. A. Owen M. D.
(Address) 508 E. Madison

M. D. P. 1267

F 05502

F 05502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Tully

(a) Residence: No. 2219 W Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Agnes

6. DATE OF BIRTH (month, day, year) Jan 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tullytown Ireland

FATHER

13. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Emma Roberts

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 10/13 '34

19. UNDERTAKER Edward Loudon Waverly Blvd
(Address)

20. FILED 1934 Registrar

11134

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1934 to Oct 10, 1934

I last saw him alive on Oct 10, 1934 Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, a	2 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I P Magill M. D.

(Address) Balt City Hosp

Spec.—2-29-28—M. S. F 05503

HEALTH DEPARTMENT—CITY OF BALTIMORE F 05503

CERTIFICATE OF DEATH

✓ 46

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 Light ST., 24-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Harry Harwood Jones

(a) RESIDENCE NO. 1319 Light ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	widowed

5a If married, widowed, or divorced
~~WIFE~~ HUSBAND of Catherine Cook Jones

6 DATE OF BIRTH (month, day, and year) Aug. 22. 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	20	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

015

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Thomas Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Maryland

12 MAIDEN NAME OF MOTHER Annie Smith

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Maryland

14 Informant Clinton W. Jones
(Address) 1319 Light St.

15 Filed [illegible] Registrar

111334

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 11 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934, to Oct 11, 1934, that I last saw him alive on Oct 10, 1934, and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys.

(Signed) [signature] M. D.

10/11, 1934 (Address) 1319 Light St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem.

DATE OF BURIAL 10/13 1934

20 UNDERTAKER L. Flew Mc. & Sully

ADDRESS 130 E Fort

M. D. B. 12 F 05504 F 05504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 N. Monroe St. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin J. Schaefer

(a) Residence: No. 2006 N. Monroe St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Virginia Lang Schaefer

6. DATE OF BIRTH (month, day, year) July 27, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME Charles Schaefer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lizzette Meier

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Lizzette Schaefer
(Address) 2006 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 12, 19 34

19. UNDERTAKER Hugh F. Curtis
(Address) 4101 Edmondson Ave.

20. FILED OCT 11 1934 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 24 1934 to Oct 10 1934
last saw h... alive on Oct 9 1934 Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Acute Myocarditis	4 weeks
2 Acute Dilatation of Heart	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles E Clark M. D.

(Address) 3244 Piedmont Ave.

Spec.—8-16-29—L. F. S.—100 Bks.

F 05505

F 05505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-002

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Taun ST. 18-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME 1097 W. Fayette St

(a) RESIDENCE NO. 1097 W Fayette St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Cald	Mar.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Taun

6 DATE OF BIRTH (month, day, and year) Mch 23 87

7 AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	47	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lotions

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Port Mouth Va

PARENTS

10 NAME OF FATHER Jas Taun

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Hannah P.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

14 Informant Mary M Taun

(Address) 1097 Fayette

15 Filed Oct 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 34

17 I HEREBY CERTIFY, That I attended deceased from Sept 11 34, 19..., to Oct 10 34, 19...,

that I last saw h alive on Oct 7 34, 19...

and that death occurred, on the date stated above, at 6 45 A m.

The CAUSE OF DEATH* was as follows:

Organic Dis Heart

Gen Anasarca

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Pul Edema

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of No

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H Woodward M. D.

Oct 19 34 (Address) 939 W Fayette St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL Oct. 12 1934

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N. Schroeder St

M. D. B 1268-9

F 05506

05506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 22-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Cunningham

(a) Residence: No. 113 W Hill St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) May 15, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas Ygnitte

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Nancy

16. BIRTHPLACE (city or town) (State or country) St. Thomas, Orleans La

17. INFORMANT Records Balt City Hosp (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Oct 13, 1934

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1934 to Oct 9, 1934

I last saw h.. alive on Oct 9, 1934 Death is said to have occurred on the date stated above, at 9:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	
& metastases to lumbar vertebrae	8 Mos?
Bronchopneumonia	Terms

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P Magill M. D.

(Address) Balt City Hosp

VS 3

111934

1-30—M [illegible] F 05507

F 05507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital ST. 20-01 WARD)

2-FULL NAME Benjaman Franklin Graham

(a) RESIDENCE NO 2115 W Mulberry ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	white	Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 2-1929

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	6	3	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work ..... Child
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Baltimore Md.
(State or country)

PARENTS

10 NAME OF FATHER Benjamin F. Graham

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Bluso Gale

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country)

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 9, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Crushed Chest
Internal Injuries

(duration) ..... yrs. ..... mos ..... ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? Franklin & Pulaski Sts

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? none

Struck by auto while walking

(Signed) Joseph Pokorny across street 10/9/34 M. D.
Coroner

, 19 (Address) 2209 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

14 Informant Mrs Fuser

(Address) 3042 Edmondson Ave

15 Filed 10-11-34 Huntington Williams Registrar

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine

DATE OF BURIAL Oct. 13 1934

20 UNDERTAKER Favell - Byers

ADDRESS 2324 Edmondson Ave

TION is very important See instructions on back of certificate.

M. D. B. 268-B

F 05508

05508

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 E. Eager St. St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 years da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Dyer.

(a) Residence: No. 508 E Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 2, 1865.

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Patrick Dyer.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Bridget Dyer

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Mary Savin.
(Address) 508 E Eager ST.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct. 12, 1934

19. UNDERTAKER Geo. Rost & Both Inc. Jones
(Address) 4735 Harford Ave.

20. FILED 10-11-1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-9, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1928 to 10-9-1934, 19

I last saw her alive on 10-9-1934, 19. Death is said to have occurred on the date stated above, at 8:50 A.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of direct

Duration

Other contributory causes of importance:

Hypertension

11

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. H. Woody, M. D.

(Address) 140 Stark Ave.

M. D. B. 1268-9

05509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05509

X 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth L. Shipley

(a) Residence: No. Carney Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E Shipley

6. DATE OF BIRTH (month, day, year) March 4, 1875

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
59	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Samuel Weidler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anderson

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Andrew H. Shipley

(Address) 32-9- Mathews Ave. B.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Family Cem. Date 10/12/34 19

Immediately

19. UNDERTAKER Geo. J. Ruth & Son

(Address) 1500 Pennsylvania Ave.

OCT 11 1934

(Date) 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 17, 1934, to October 9, 1934

I last saw her alive on October 9, 1934. Death is said to have occurred on the date stated above, at 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Retro-peritoneal carcinoma	

Other contributory causes of importance:

Name of operation Exploratory Laparotomy of 3-19-34

What test confirmed diagnosis operation? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Maguire, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 05510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Frost

(a) Residence: No. unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	unknown

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) unknown

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal if md Date Oct 11, 1934

19. UNDERTAKER

(Address)

OCT 11 1934

20. FILED ....., 19.... Registrar.

morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Pulaski, Post Office

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05511

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital 18 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph Porter

(a) Residence: No. 345 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	W	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	?		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0460

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 11 19 34

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

Morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 4 19 34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Fallel M. D.
Coroner

(Address) 1639 Eastern Ave

H. D. B 1265-9

F 05512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05512

15-01

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secour Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred Life mos. de. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Costello

(a) Residence: No. 4347 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 10-1865

8. AGE	Years	Months	Days	If LESS than 1 day.....hrs. or ...min.
	69	2		

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Patrick S. Costello

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Hannah Callahan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William F. Costello Sr.

(Address) 1518 John St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Oct. 12, 19 34

19. UNDERTAKER Chas. H. Grave & Son

(Address) Belmont Ave & Hamilton Ave, Baltimore, Md.

20. FILED 111934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... Death is said I last saw h... alive on Inquiry, 19... to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Oct. 7 1934.
Other contributory causes of importance:	
Fracture of cervical neck of the femur.	Aug. 9 1934.

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Aug. 9, 1934
Where did injury occur? Baltimore, Maryland. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury Fracture of cervical neck
Nature of injury Slipped on floor in home.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 South Broadway

M. D. B. 1203-9

F 05513

05513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 316 East 28th St., (12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Clara Diedericks

(a) Residence: No. 316 East 28th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: Husband of (or) WIFE of: Otto Diedericks

6. DATE OF BIRTH (month, day, year): May 27-1890

7. AGE: Years 44 Months 1 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brooklyn N.Y.

FATHER

13. NAME: John Mack

14. BIRTHPLACE (city or town) (State or country): Europe

MOTHER

15. MAIDEN NAME: Mary Cerny

16. BIRTHPLACE (city or town) (State or country): Europe

17. INFORMANT: Albert Diedericks

(Address) 316 East 28th St

18. BURIAL, CREMATION, OR REMOVAL: Oak Hill Date 10/13 1934

19. UNDERTAKER: William Cook

(Address) 1217 St Paul St

20. FILED OCT 11 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1-1934, 19, to Oct. 10-1934, 19

I last saw her alive on Oct. 10-1934, 19. Death is said to have occurred on the date stated above, at 7.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Caroinoma of the urinary bladder	
Other contributory causes of importance:	
cardiac paralysis	

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J. Brandt M. D.

(Address) 801 N. KENWOOD AVENUE

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05514 — 05514

Registered No. 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1518 Bank St., B-01 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Ader

(a) Residence: No. 1518 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Mary Ader

7. DATE OF BIRTH (month, day, year) Mar. 3. 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	3	8 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frank Ader 1518 Bank St
(Address)

18. BURIAL, CREMATION, OR REMOVAL Laurel Hill Date 10/12 1934

19. UNDERTAKER Wm Cole 1214 E Fayette St
(Address)

20. FILED 1934 by [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Dia Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. Pederzoni M. D. Coroner

(Address) 130 N Patterson Park Ave

M. D. F 1268-9

05515 F 05515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Charles Smith

(a) Residence: No. 604 W Redwood St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Sing

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 24 1877

7. AGE: Years 56 | Months 11 | Days 10 24 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lunch Room

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER

13. NAME: Geo Smith

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Caroline Gotfel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Caroline Smith

(Address): 1119 N Central Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Penny Date: 10/12 1934

19. UNDERTAKER: W M Cole

(Address): 1217 E Fayette St

20. FILED: OCT 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3 0' m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary - Tuberculosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E Peters a M D M. D.

Coroner

(Address) 1305 N Patterson Park Ave

H. D. P. 1268-5

HEALTH DEPARTMENT—CITY OF BALTIMORE

05516 — CERTIFICATE OF DEATH — F 05516

93-003

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1709 St Paul St., 12-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city ... where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alpheus Hyatt Wright
(a). Residence: No. 1709 St Paul St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances Wight

7. DATE OF BIRTH (month, day, year) March 22. 1859

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME John J. Wright
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Amelia Hyatt
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Frances Wright 1709 St Paul St

18. BURIAL, CREMATION, OR REMOVAL Greenmount Date Oct 12. 34

19. UNDERTAKER William Cook (Address) 217 St Paul Street

111934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19..., to ..., 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... Frunty Eaten

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	3 yrs

Other contributory causes of importance:

Acute dilation of heart	Sudden

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James M Fenlon M. D. Coroner
(Address) Tore chas

I. D. P. 1268-9

Dr Fenton

HEALTH DEPARTMENT—CITY OF BALTIMORE

05517 E 05517

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 West Mulberry St. Ward) 21

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in ..... town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wallace E. B. Howard

(a) Residence: No. 115 West Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color	Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White		Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) March 5 1875

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (City or town) Piney Point Md
(State or country)

FATHER

13. NAME Joseph L. Howard

14. BIRTHPLACE (City or town) Charles Co Md.
(State or country)

MOTHER

15. MAIDEN NAME Susan M Milburn

16. BIRTHPLACE (City or town) Valley Lee Md
(State or country)

17. INFORMANT Philip A. Howard
(Address) 3208 Berkshire Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 10/12 34

19. UNDERTAKER William Cook
(Address) 1217 E Baltimore St

20. FILED 11934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at unknown

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation by neck tie thrown around his neck three times Suicide	
Other contributory causes of importance:	
Temporarily insane	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or ~~homicide~~? Suicide Date of injury 10/10 1934

Where did injury occur? home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) James M Fenton M. D.
Coroner

(Address) 700 E Chas

M. D. B. 1268-9

05518 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05518

CERTIFICATE OF DEATH 34

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Murdock 17-01

(a) Residence: No. 508 St. Marys St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL 11/10/34
Place University of Md Date Oct 11, 1934

19. UNDERTAKER David Easton 916 Penn-a
(Address)

1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1934 to Oct 6, 1934

I last saw him alive on Oct. 6, 1934 Death is said to have occurred on the date stated above, at 12.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	?
Myocardial Insufficiency	
& Congestive failure	3 hrs

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J. Thrasher, M. D.

(Address) Balt. City Hosp

F 05519

F 05519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 ✓

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1019 E. Biddle Street St., ... Ward)

Length of residence in city or town where death occurred 75 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

10-21

2. FULL NAME Margaret Tolle

(a) Residence: No. 1019 E. Biddle Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced (or) WIFE of Albert E. Tolle

6. DATE OF BIRTH (month, day, year) Nov 18th 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME David Dobler

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME ? Fox

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Ethel Tolle
(Address) 1019 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct 11th 34

19. UNDERTAKER J. H. Tuckner & Bro
(Address) Forest Park Ave.

20. FILED ... 19... Registrar.

11130

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1933 to Oct 3 1934

I last saw h[illegible] alive on Oct 3 1934 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch Nephritis	
" Myocarditis	

Other contributory causes of importance:

Ch General arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) A. L. Hometown M. D.

(Address) 733 Aquarius St.

F 05520

Evin

F 05520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Baltimore City Hospitals 001

1. PLACE OF DEATH Registered No. 19-21 117

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Evans

(a) Residence: No. 1404 W Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Evans

6. DATE OF BIRTH (month, day, year) June 5 1872

7. AGE Years 62 Months 3 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Riga Latvia

FATHER

13. NAME Fred Evans

14. BIRTHPLACE (city or town) (State or country) Riga Latvia

MOTHER

15. MAIDEN NAME Louise ?

16. BIRTHPLACE (city or town) (State or country) Riga Latvia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date Oct. 13 1934

19. UNDERTAKER Richard F. Cosby

(Address) 1400 E. North Ave

20. FILED Oct 13 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1934

I HEREBY CERTIFY, That I attended deceased from Oct 6 1934 to Oct 10 1934

I last saw him alive on Oct 10 1934 and death is said to have occurred on the date stated above, at 1:05 P.M.

The principal cause of death and related causes of importance were as follows: Ulcer, Gastric — Duration of onset 7 years

Other contributory causes of importance: Hemorrhage Severe — 5 days

Loss of Blood Gastric Ulcer

Name of operation Closure of Ulcer Date of 1933

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel N. Frost M. D.

(Address) Baltimore City Hosp.

H. D. B 1268-2

F 05521 Bridie M. Peraro F 05521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Baby Bridie M. Peraro

(a) Residence: No. 1901 N. Payson St. St., .. Ward. ..

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 8-3-34

8. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Peraro

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Julia Wright

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Julia Wright

(Address) 1901 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct. 13 1934

19. UNDERTAKER Richard F. Cauley

(Address) 400 E. North ave

20. FILED OCT 13 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 9-28-34 . 19 . to 10-10-34 . 19 ..

I last saw her alive on 10-10-34 . 19 . Death is said to have occurred on the date stated above, at 1:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia - (Terminal)	

Other contributory causes of importance:

Quantum Fever	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Robert H. Allison, M. D.

(Address) Bon Secours Hospital

Spec.—9-30—A. & Co.—250 Bks.

F 05522

05522 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 131

1 PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No.) 1512 Eutaw St. (Ward) 15th

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Newton

(a) RESIDENCE No. 1512 Eutaw St. WARD 15th

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced WIFE of (or) HUSBAND of: Bella Newton

6 DATE OF BIRTH (month, day, and year): Mar. 25, 1889

7 AGE: Years 45 | Months 6 | Days 14 | If LESS than 1 day, ...hrs. or ...min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Piedmont Co. Va.

PARENTS

10 NAME OF FATHER: Charles Newton

11 BIRTHPLACE OF FATHER (city or town) (State or country): Fluvanna Co. Va.

12 MAIDEN NAME OF MOTHER: Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Piedmont Co. Va.

14 Informant (Address): Bella Newton 1512 Eutaw St.

15 Filed ..., 19... Huntington Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Octo. 9, 1934

17 I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1934, to Octo. 9, 1934

that I last saw h alive on Octo. 9, 1934

and that death occurred, on the date stated above, at 7.30 A.M.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular Renal disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Terminal Bronchopneumonia

(duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles L. Wood M. D.

, 19 (Address) 871 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemetery, North Point Rd.

DATE OF BURIAL: Oct. 12 1934

20 UNDERTAKER: Robert E. Williams

ADDRESS: 1515 McElderry St.

T 111934

M. D. B. 1268-9

F 05523

05523 HEALTH DEPARTMENT—CITY OF BALTIMORE

23 V

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10-91 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Johnson

(a) Residence: No. 721 Stirling st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 29, 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Phillip Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address) Father Phillip Johnson 721 Sterling st

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Oct 12th 1934

19. UNDERTAKER Ida Snowden
(Address) 1129 Caroline St

20. FILED Huntington Williams, Registrar
Oct 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1934 to Oct. 8, 1934

I last saw her alive on Oct. 8, 1934. Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer M. Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. P. 1268-9

F 05524

05524 84

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1-01 121

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1-01 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

2. FULL NAME Frank Mucha

(a) Residence: No. 627 S Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline

6. DATE OF BIRTH (month, day, year) 11-27-95

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lever man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ford Motor Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Martin Mucha

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary Dyba

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Rosary Cemetery Date October 13th 1934

19. UNDERTAKER George A. Weber

(Address) 705 E Lanvale Street

20. Filed Oct 13 1934 Registrar.

11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Oct 11 1934

I last saw him alive on Oct 11 1934 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
gangrene Caecum, Ascending Colon	9/15/34
Perforation	10/1/34

Other contributory causes of importance:

Fecal Fistula

Name of operation Appendectomy - Drainage Date of 10-1-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry D. Stebbins M. D.

(Address) Johns Hopkins Hospital

1-30—M & T —100 B—50L

F 05525

HEALTH DEPARTMENT—CITY OF BALTIMORE

MF 05525

CERTIFICATE OF DEATH

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 13.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital ST. 12-61 WARD)

2-FULL NAME Carl Lohmeyer

(a) RESIDENCE NO. 109 W. 29th ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? --- yrs. --- mos. --- ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Madge White

6 DATE OF BIRTH (month, day, and year) --------

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	?	?	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retail Haberdasher
(b) General nature of industry, business, or establishment in which employed (or employer) 145
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

PARENTS

10 NAME OF FATHER Wm. H. Lohmeyer

11 BIRTHPLACE OF FATHER (city or town) --------
(State or country) Germany

12 MAIDEN NAME OF MOTHER Elise Moslich

13 BIRTHPLACE OF MOTHER (city or town) --------
(State or country) Germany

14 Informant Herman Lohmeyer

(Address) Wendover Road, Guilford

15 Filed ____, 192__ ____ Registrar.

11 11934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 10 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquest (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Charles & 29th St

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

He was struck by an auto while walking across street 10/10/34

(Signed) Joseph Sokorny, M. D. Coroner

, 19 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL 10/12 19 34

20 UNDERTAKER Kenny & Meaks

ADDRESS [illegible]

M. D. B. 1268-9

F 05526

05526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen Hosp St. 20-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby girl Warnken 2667 Edmondson Ave

(a) Residence: No. Born at West Balto Gen Hosp St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-9-34 12:35 P M

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm. Warnken (Christopher)

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Josephine Pletzel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mother Josephine Warnken
(Address) 2667 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date 10/12 19 34

19. UNDERTAKER Geo. Weber & Son
(Address) 2500 Edmondson Ave

20. Filed 10-11-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-34 19

22. I HEREBY CERTIFY, That I attended deceased from 10-9-34 19 to 10-11-34 19

I last saw h. alive on 10-10-34 19 Death is said to have occurred on the date stated above, at 12 50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity Infant 2 months.	

Other contributory causes of importance:

Hernia and Pyelitis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Levin M. D.

(Address) M. D.

M. D. P. 1268-9

05527 HEALTH DEPARTMENT—CITY OF BALTIMORE 05527

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Pulaski St 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Katz

(a) Residence: No. 1612 E Pulaski St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Katz

6. DATE OF BIRTH (month, day, year) Nov 18 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia Poland

FATHER

13. NAME Levi Katz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fanny Kempler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Katz (Address) 1612 E. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cem. Date Oct 14, 1934

19. UNDERTAKER (Address) 1932 Eastern Ave

Filed Oct 11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1934 to Oct 10, 1934

I last saw h[im] alive on Oct 10, 1934 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	Sept 19
Other contributory causes of importance:	
Uremia	Oct 7 34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Edw Talbot M. D.

(Address) 2020 Eutaw Pl

F 05528

F. D. B. 1268-9

F 05528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N. Gay St. St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hennie Seif

(a) Residence: No. 429 N. Gay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Isadore Seif

6. DATE OF BIRTH (month, day, year) July 7, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nathan Haas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mollie Lowenstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. W. I. Seif,
(Address) 952 Brooks Lane

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Date Oct. 12 1934

19. UNDERTAKER Abrd Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934, to Oct 10 1934.

I last saw h[illegible] alive on Oct 10 1934. Death is said to have occurred on the date stated above, at 11.05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteio-sclerosis	2 years
Other contributory causes of importance:	
Cerebral Hemorrhage	10 days

Name of operation None Date of ✓

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

No If so, specify

(Signed) J. Frederick Lentz M. D.

(Address) Temple Garden Apts.

F 05529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05529

CERTIFICATE OF DEATH

79-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 13-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen Ochs

(a) Residence: No. 2201 Callow Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sigmund Ochs

6. DATE OF BIRTH (month, day, year): Jan 4 1879

7. AGE — Years: 55 | Months: 9 | Days: 6 | If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: David Wittgenstein
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Sara Mendleger
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Friendship Date: Oct 12 1934

19. UNDERTAKER: Heard Sondheim & Son
(Address) 1902 Eastern Ave

20. REGISTRAR'S NO. 121934 Temporary

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1934 to Oct 10 1934

I last saw her alive on Oct 10 1934 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	Oct 9

Other contributory causes of importance:

	Nov

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. S. Campbell M. D.

(Address) Mercy Hospital

F 05530 F 05530

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 N. Eden St. St., 10-81 Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Roberta Beach

(a) Residence: No. 1217 N. Eden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1874

7. AGE: Years 60 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Marie White
(Address) 1217 N. Eden St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 10/12/34

19. UNDERTAKER Frances A. Wemsley
(Address) 512 W. Biddle St.

FILED 10-12-1934 ..... Registrar.

OT 12934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10-- 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-6 1934 to 10-10- 1934

I last saw h-t alive on 10-10- 1934 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/1/34
Cirrhosis of liver and Endocarditis both Contributory: liver	9/1/34
Other contributory causes of importance: Lobar Pneumonia Cirrhosis Endocarditis	1-1-34

Name of operation None Date of -
What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur? -
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James R. Blake M. D.
(Address) 924 Fairmount Ave.

F 05531

F 05531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 709 N. Port St., 7-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Urbanek
(a) Residence: No. 709 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Vaclav Urbanek
6. DATE OF BIRTH (month, day, year): Not known
7. AGE: Years: 90; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER
13. NAME: Joseph Tuka
14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Mary Urbanek
(Address) 709 N Port St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 13 19 34

19. UNDERTAKER: Frank Gracha & Son
(Address) 1906 Eastland Ave

20. FILED Oct 13 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6th, 1934, to Oct 10th, 1934
I last saw her alive on Oct 10th, 1934 Death is said to have occurred on the date stated above, at 3 15 A.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:

Senility

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. J. Tauber, M. D.
(Address) 119 N. Milton Ave

12-1934

D. B 1263

F 05532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05532

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 18-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frederich Forestier

(a) Residence: No. 213 Rock St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle

7. DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.P.

10. Date deceased last worked at this occupation (month and year) Nov 1933

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Isabella Forestier
(Address) 213 Rock

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Lion, Cem. Date Oct 14 1934

19. UNDERTAKER Joseph A. Lisle
(Address) 409 N. Mount Street

FILED Oct 12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19..., I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: (Date of onset)

Central Hemorrhage

Confusion

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. O. Luck, M. D.
Coroner

(Address) Coroner

B 95533 Dr Hamburger 1207 Eutaw Place Mail B 95533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5610 Greenspring ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Gottlieb

(a) Residence: No. 5610 Greenspring ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leon Gottlieb

7. DATE OF BIRTH (month, day, year) 1873

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md U. S. A.

FATHER

13. NAME Isaac Wolfe

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael Simon

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Leon Gottlieb

(Address) 5610 Greenspring ave

18. BURIAL, CREMATION, OR REMOVAL Holem Israel Cemetery Date 10-12-34

19. UNDERTAKER Jos. Louis Sons

(Address) 14 E. Baltimore St.

FILED OCT 12 1934 19 R. A. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/10/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 17 . 1934 to Oct 10 . 1934

I last saw h[illegible] alive on Oct 9 . 19 34 Death is said to have occurred on the date stated above, at 8.55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Oct 5 34
Chronic (Arteriosclerotic) Nephritis	1924
Diabetes mellitus	1920

Other contributory causes of importance:

Arteriosclerosis	
Hypertension	1920

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis P Hamburger . M. D.

(Address) 1207 Eutaw Place

F 05534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164.001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 E. Mt. Vernon Place St., 11-01 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Laura C. Rose

(a) Residence: No. 14 E. Mt. Vernon Place St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence D. Rose

DATE OF BIRTH (month, day, year) August 20, 1905

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville Md.

13. NAME Harry Covington

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lena Pratt

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Charles D. Rose
(Address) St. Paul Court Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemty. Date Oct. 13, 34

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... Registrar.

12 1609

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation	
Illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) James M. Hundley M. D. Coroner

(Address) 700 E. Chase St.

F 05535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. F 05535

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Park Ave. St. 14-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Royston

(a) Residence: No. 1615 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Matthew Royston

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Minerva Carpenter

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Charles N. Bennett
(Address) 2915 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Oct. 12, 1934

19. UNDERTAKER John B. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED Oct 14 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1934, to Oct. 10, 1934.

I last saw her alive on Oct. 10, 1934 Death is said to have occurred on the date stated above, at 7:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/6/34

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. F. Robinson M. D.

(Address) Medical Arts Building

D. P. F-05536

F 05536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 S. Conkling St., 76-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Norris

(a) Residence: No. 805 S. Conkling St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Rose K. Norris

7. DATE OF BIRTH (month, day, year) Nov. 23-1853

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 62

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME George Norris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Margaret Rosenberry.
(Address) 805 S. Conkling St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park cem Date Oct 13, 1934

19. UNDERTAKER George W. Zibler
(Address) 731 E. Eager St.

20. FILED 12 1934 Hunter for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1934, to Oct 10, 1934

I last saw him alive on Oct 9, 1934 Death is said to have occurred on the date stated above, at 6 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Cerebral Hemorrhage	Oct 6 1934
Hypostatic Pneumonia	Oct 9 1934

Other contributory causes of importance:
Senility

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Albert J. Sluchak M. D.

(Address) 2305 Edmondson Ave, Baltimore

B. B. 1934 E 05537

E 05537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Ferndale Ave St., 28-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Eiklor

(a) Residence: No. 3304 Ferndale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Widowed

6. ~~Married~~, Widowed, ~~or Divorced~~ (write HUSBAND of (or) WIFE of Frank Eiklor

7. DATE OF BIRTH (month, day, year) Jan 8 1867

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sweden

FATHER

13. NAME Nelson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Grace Mallendorf

(Address) 3304 Ferndale Ave

18. ~~BURIAL, CREMATION~~ OR REMOVAL

Place Chas S Ill Date 10/12 1934

19. UNDERTAKER Williams (Cook)

(Address) 1217 St Paul St

FILED 19 Attorney

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12/34 19

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933 to Oct 12 1934

I last saw her alive on Oct 12 1934 Death is said to have occurred on the date stated above, at 5:19 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Carcinoma of Colon,	
Myocarditis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O S Kloyd M. D.

(Address) 2232 Eutaw

F 05538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05538

CERTIFICATE OF DEATH

Registered No. 167

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) On Barge Crotan St. Eastbourne Ave & Clinton (Ward) 26

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Jos. A White

(a) Residence: No. 17 Alleghany Ave (Street) Towson (Town) Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline B. White

DATE OF BIRTH (month, day, year) Aug 10 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Master of Barge

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Dorchester Co Md

13. NAME OF FATHER John White

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

15. MAIDEN NAME OF MOTHER Catherine Unknown

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

INFORMANT Caroline White

(Address) 17 Alleghany Ave Towson

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 10/13/34

UNDERTAKER Wellman & Polk

(Address) 1217 St Paul St

FILED Oct 12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 5:30A m.

The principal cause of death and related causes of importance were as follows:

Gunshot Wound of Head Probable Suicide

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury Oct 11. 1934

Where did injury occur? On Barge Crotan (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Private Place

Manner of injury Gunshot wound of Head

Nature of injury Hemorrhage & Laceration of Brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. P. Herzog M.D. Coroner

(Address) 305 N Patterson Park Ave

F 05539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05539

× 90

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. 3 mos ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Oliver Leroy Ford

(a) Residence: No. Rock Hall, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Certain

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42			

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Mr Ford

14. BIRTHPLACE (city or town) (State or country) Mr Ford

MOTHER

15. MAIDEN NAME Mrs Ford

16. BIRTHPLACE (city or town) (State or country) Mrs Ford

17. INFORMANT President Hospital
(Address) 15th & Division St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sharptown Date 13 1934

19. UNDERTAKER Henry Henry
(Address) Chesterstown Md.

12 1934 ..... 19 .....
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 8-3-34 . 19 . to 10-11-34 . 19

I last saw him alive on 10-11-34 . 19 Death is said to have occurred on the date stated above, at 1:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Albuminuria	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) William Neal Roe M. D.

(Address) President Hospital

M. D. B. 1268-1 F 05540 ✓ F 05540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 27-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Woodbourne Ave. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Hammond

(a) Residence: No. 709 Woodbourne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Belle E. Hammond

6. DATE OF BIRTH (month, day, year) November 11, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	11	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Adv. Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Outside Canvassing

10. Date deceased last worked at this occupation (month and year) 15 years ago

11. Total time (years) spent in this occupation 43 years

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Gasaway Hammond

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Miss Hildebrandt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles S. Hammond

(Address) 1910 Oak Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Govans Presbyterian Cem. Date Oct. 13 1934

19. UNDERTAKER J. O. B. Cook

(Address) 1003 E. Baltimore St.

20. FILED Oct 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4, 1934 to Oct. 11, 1934

I last saw h[im] alive on Oct. 10, 1934 Death is said to have occurred on the date stated above, at 1:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	
Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl H. Benson M. D.

(Address) 5111 York Rd.

D. B. 1268 F 05541 ✓ F 05541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Druid Hill Ave St., 7th Ward)

Length of residence in city or town where death occurred 54 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Lane

(a) Residence: No. 912 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 1-1874

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Maryland
(State or country)

13. NAME Henry E Lane

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Mary Lawson

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mary Lawson
(Address) 912 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 1/13/34 19

19. UNDERTAKER Mrs Geo E Foller
(Address) 1631 Druid Hill Ave

20. FILED JAN 16 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 19 34

22. I HEREBY CERTIFY, That I attended deceased from January 23 1934 to Dec 10 1934

I last saw her alive on Dec 10 1934 Death is said to have occurred on the date stated above, at 11 1/4 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Left Breast	1/23/34
Cancer Uterus,	1/23/34
uremia Retention	1933
Other contributory causes of importance:	
Chr Tuberculosis	1933
Chr Int Nephritis	1933

Name of operation None Date of —

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify. ...

(Signed) Chas J Chandler M. D.

(Address) 3013 St Paul St

aCo. 5-31 2500

F 05542 ✓ F 05542

HEALTH DEPARTMENT—CITY OF BALTIMORE

53

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Women's Home
CITY OF BALTIMORE: (No. 1404 W. Lexington St., 19-01 Ward)
Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Georgia Barnett

(a) Residence: No. 1404 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) June 6, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME David Barnett

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Eleanor Johnson

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mary E. Fowler
(Address) 1404 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Oct 13, 1934

19. UNDERTAKER F. Vernon Keefer
(Address) 512 Baltimore St.

20. FILED Oct 12 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1934 to October 11, 1934
I last saw her alive on October 11, 1934 death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma bladder with metastases	Feb. 1934

Other contributory causes of importance:
Age.

Name of operation None Date of
What test confirmed diagnosis? clinical laboratory methods Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frankell. Smith Jr. M. D.
(Address) 92 N. Calvert St.

D. H. 1268-9

05543 HEALTH DEPARTMENT—CITY OF BALTIMORE 05543

CERTIFICATE OF DEATH

1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Thomas

(a) Residence: No. 1153 N. Bennett St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgianna

DATE OF BIRTH (month, day, year) Aug 4, 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Lewis

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Emma Taylor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem. Date Oct 12, 1934

19. UNDERTAKER Thos E. Kelson (Address) 1303 Pressman St.

FILED Oct 19, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1934, to Oct 9, 1934

I last saw him alive on Oct 9, 1934 Death is said to have occurred on the date stated above, at 1-25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever	2 wks.
Bronchopneumonia	5 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Thagard, M. D.

(Address) Balt City Hosp

Battle

F 05544

D. B. F 05544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1st Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Battle

(a) Residence: No. 1816 Brent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Lottie Battle

DATE OF BIRTH (month, day, year): [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (months and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): North Carolina
13. NAME: Jim Battle
14. BIRTHPLACE (city or town) (State or country): North Carolina
15. MAIDEN NAME: Abby Applewhite
16. BIRTHPLACE (city or town) (State or country): North Carolina
17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Enfield N. C. Date Oct 12 34 19

19. UNDERTAKER: Thomas E. Kelson
(Address) 1303 Pressman St

OCT 12 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 34

I HEREBY CERTIFY, That I attended deceased from Oct 11 34
I last saw him alive on Oct 10 1934 Death is said
to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Heart Disease with Chronic nephritis	?
Other contributory causes of importance: Arterio Sclerosis	?
Prostatic Hypertrophy	?

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lemuel Stone M. D.
(Address) Baltimore City Hospitals

F 05545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05545

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 N. Caroline St 5-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Berry Sr.

(a) Residence: No. 430 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or WIFE of) Martina Berry

DATE OF BIRTH (month, day, year) November 10, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	60	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Hereford, Md.

MOTHER

13. NAME Samuel Berry

14. BIRTHPLACE (city or town) (State or country) Hereford, Md.

FATHER

15. MAIDEN NAME Eliza Berry

16. BIRTHPLACE (city or town) (State or country) Hereford, Md.

17. INFORMANT Blanche Pulley (Niece)
(Address) 430 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cemetery Date 10/12 1934

19. UNDERTAKER Robert L. Gross
(Address) 804 N. Caroline St.

20. FILED 10/12 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1933 to Oct 9, 1934.

I last saw h[illegible] alive on Oct 8, 1934. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Pneumonia Nephritis	1934
Other contributory causes of importance: Mitral Insufficiency	1934

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. Young M. D.

(Address) 424 E. Monument St.

D. B. No. F 05546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05546

CERTIFICATE OF DEATH

87-001

Registered No. 20-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ? yrs. ? mos. ? ds.

2. FULL NAME Catherine O'Keefe

(a) Residence: No. 2141 Vine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	?

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
? (Aggx 50)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 057

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Hebr. 10-11 1934

19. UNDERTAKER Baker & Sons (Address) Baltimore St

20. FILED Oct 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1934 to Oct 7, 1934

I last saw her alive on Oct 7, 1934 Death is said to have occurred on the date stated above, at 2-05 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, right	2 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) T. P. Magill, M. D.

(Address) Balto City Hosp

D. B. 1268-9

F 05542

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05547

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jas Conaway

(a) Residence: No. 822 N. Mount St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Sing C

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 14 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Geo. Conaway

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martha Boswell

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Geo. Conaway
(Address) 822 N. Mount

BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Oct 12 1933

UNDERTAKER Adolph Schmid & Halsted
(Address) 923 Lemmon Bldg

FILED 12 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1933

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Conaway

I last saw h alive on 19 Death is said

to have occurred on the date stated above at m.

23. The principal cause of death and related causes of importance were as follows: Date of onset

Accident, Burnt with hot water.

Other contributory causes (Importance)

Shock hot water fell on child

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence), state the following: Accident, suicide, or homicide? Accident Date of injury Oct 11 1933

Where did injury occur? home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Burnt

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Schmid Coroner M. D.

(Address) Coroner

F 05548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 120

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1001 Pennsylvania St., 17-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Theodore Bruce

(a) Residence: No. 1001 Pennsylvania St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1907

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
27			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ft Mary Born

13. NAME Theo Bruce

14. BIRTHPLACE (city or town) (State or country) Ft Mayfield

15. MAIDEN NAME Fanny Godbey

16. BIRTHPLACE (city or town) (State or country) Ft Mayfield

INFORMANT Mrs Campbell
(Address) 1001 Penna Ave

BURIAL, CREMATION OR REMOVAL
Place New Cathedral Date Oct 15 1934

UNDERTAKER Durant Eastern
(Address) 215 E Preston

FILED Oct 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Gastro Enteritis	2 weeks	

Other contributory causes of importance:

Name of operation ... Date of ... Was there an autopsy? ...

What test confirmed diagnosis ... Regular

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Lurk, M. D. Coroner

(Address) ...

D. B. F 05549 ✓ F 05549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 Hamilton Ter St., 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Premature Baby Girl Gordon

(a) Residence: No. 821 Hamilton Ter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Premature birth

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Premature Baby Gordon

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sadie Foster

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alexander Gordon
(Address) 821 Hamilton Ter

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Oct 12 1934

19. UNDERTAKER Wm J Lichtenberg & Sons
(Address) 1000 Fulton Ave

20. FILED OCT 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934 to Oct 11, 1934
I last saw her alive on Oct 11, 1934 Death is said to have occurred on the date stated above, at 7 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (6 months)	
Other contributory causes of importance:	
Dyspnea	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. S. Pottenger M. D.
(Address) 821 Hamilton Ter

D. B. 1268-9

05550

HEALTH DEPARTMENT—CITY OF BALTIMORE

05550

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Dukeland St., 15-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Mary Annie Evans

(a) Residence: No. 2103 Dukeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	widowed

6. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of Morgan Evans

DATE OF BIRTH (month, day, year) June 19 - 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lancaster England

13. NAME John Rogerson

14. BIRTHPLACE (city or town) (State or country) Lancaster England

15. MAIDEN NAME Annie Brotherton

16. BIRTHPLACE (city or town) (State or country) Lancaster England

17. INFORMANT Mrs. William Hagen

(Address) Marion Penna.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Cem. Date Oct 13, 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1934 to Oct. 10, 1934

I last saw her alive on Oct. 10, 1934 Death is said to have occurred on the date stated above, at 3:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Thrombosis of Popliteal vein (Right)	July 1934
Chr. Valvular Heart disease	1918
Other contributory causes of importance:	
Arteriosclerosis	1918
Chr. Pancreatitis	1918

Name of operation none Date of —

What test confirmed diagnosis? Symptoms & autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Jane Brown, M. D.

(Address) 1663 W North ave.

D. B. 1268-9 F 05551

F ✓ F 05551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 203

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Lombard St. 4-91 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Haerl

(a) Residence: No. Bond Ave St., Ward Catonsville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Louise Haerl

DATE OF BIRTH (month, day, year) Sept. 18, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	—	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME John George Haerl

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Lecke

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs John G. Lecke

(Address) 412 Babe Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Salem Luth. Com Date Oct. 14, 1934

19. UNDERTAKER Easton Long

(Address) Ellicott City Md

20. FILED Huntington Williams, Inc

O.K. Eugene Zellers M.D. Coroner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1934 to 10-11, 1934

I last saw him alive on 10-11, 1934 Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture left femur	10-11-34
Crushing injury left chest	"

Other contributory causes of importance:

Shock

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10-11, 1934

Where did injury occur? New University Hospital, Balt.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place New University Hospital.

Manner of injury Fall 5 or 6 floors down elevator shaft.

Nature of injury Fracture left femur, lacerations, wound chest

24. Was disease or injury in any way related to occupation of deceased? yes. If so, specify while working

(Signed) W. H. Fleming, M. D.

(Address) University Hospital.

Co. 5 M 2504 F 05552 ✓ F 05552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE? (No. Franklin Square St., 25-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Elizabeth Lutts

(a) Residence: No. Pennington Ave (Cut 134) St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 20. 34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...
10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore.
(State or country)
13. NAME Edelon C. Lutts
14. BIRTHPLACE (city or town) Easton.
(State or country) Md.
15. MAIDEN NAME Grace Hickmon.
16. BIRTHPLACE (city or town) Virginia
(State or country)
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date Oct 13. 1934
19. UNDERTAKER Frederick A. Cole
(Address) 700 N. Lombard St.

OCT 12 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1934, to Oct. 11, 1934
I last saw h[illegible] alive on Oct 11, 1934, death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis	
Other contributory causes of importance:	

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) [illegible] Lemmon, M. D.
(Address) [illegible] Franklin Square Hospital

B 1268-9 F 05553

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05553

CERTIFICATE OF DEATH

119

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2841 W North Ave St. 15th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Geo. L. Hildebrand

(a) Residence: No. 2841 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 1st 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	10 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year) ———

11. Total time (years) spent in this occupation 000

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Raymond Hildebrand

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

15. MAIDEN NAME Edna Hartman

16. BIRTHPLACE (city or town) (State or country) Hanover Md

INFORMANT Mrs Edna Hildebrand

(Address) 2841 W. North Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct. 13, 1934

UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St.

FILED Oct 13 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7, 1934 to Oct. 11, 1934

I last saw him alive on Oct 11, 1934 Death is said to have occurred on the date stated above, at 7.05 m. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro enteritis	10 yrs
Other contributory causes of importance: Brain Complications	3 days

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E. Edmunds M. D.

(Address) 1605 W. North Ave

F 05554

D. R. 2-8-9

F 05554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 N. Central ave St. 10-01 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Sophia Bahlmann

(a) Residence: No. 1220 N. Central ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm. F. Bahlmann

DATE OF BIRTH (month, day, year) Feb. 2d 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Franz Kramer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. John Cesar

(Address) 1227 N. Central ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date Oct. 15 19 34

19. UNDERTAKER Henry Hock Sons Inc

(Address) 1301 E Eager St

20. FILED Oct 15 1934 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12 19 34

22. I HEREBY CERTIFY, That I attended deceased from 10/8 19 34 to 10/12 19 34

I last saw her alive on 10/11 19 34 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury None

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Abigail Fittman M. D.

(Address) 113 Ofer Chase.

B. 1288-9 05555 ✓ ME 05555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Union Memorial Hospital 12-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Robert Walter Burcham, Jr.

(a) Residence: No. Belair, Md. R. F. D. St., ; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 10, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Belair,
(State or country) Harford Co. Md.

13. NAME Robert W. Burcham

14. BIRTHPLACE (city or town)
(State or country) North Carolina

15. MAIDEN NAME Jettie I. Poplin

16. BIRTHPLACE (city or town)
(State or country) North Carolina

INFORMANT Mr. Robert W. Burcham
(Address) Belair, Md. R.F.D.

BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion, Harford Co Date Oct. 14 1934

UNDERTAKER Henry Tanner & Sons
(Address) Bladen Md

FILED Oct 16 1934
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from inquest & autopsy 19 ... to Inquest & autopsy 19 ... I last saw him alive on ... 19 ... Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Rt. Femur — Date of onset
Abscess Rt Thigh
Septisemia (streptococcus)

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/2 1934
Where did injury occur? Everton Rd nr. Belair
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Auto Accident
Manner of injury Struck by auto while walking
Nature of injury Fracture Rt. Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pearson M. D.
Coroner
(Address) 2209 E Madison St

F 05556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05556

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Life

FULL NAME Salvatore Carbone

(a) Residence: No. 831 E. Eager Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 3rd 1907.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Vincent Carbone

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Margaret Pistire

16. BIRTHPLACE (city or town) Italy
(State or country)

INFORMANT Carmela Mazenta

(Address) 1015 Aisquith Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Oct. 13, 1934

UNDERTAKER [illegible]

(Address) [illegible]

FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/10, 1934

Where did injury occur? Pratt St. at Pier 2.
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding collided with a pole

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joseph Sokarus M. D.
Coroner

(Address) 1200 E. Monument

Co. 5-31 2M 8

F 05557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05557

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 S. Boulden St., 2A-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

FULL NAME Philip Gentile

(a) Residence: No. 303 S. Boulden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Gentile

7. DATE OF BIRTH (month, day, year) Oct 13 1893

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	40	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Dago Gentile

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Steven Gentile

(Address) 708 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Oct 13 1934

19. UNDERTAKER Robt C. & B. M. Walters

(Address) N.E. Cor Pratt & Stricker Sts

20. FILED Oct 13 1934 T. [illegible] Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934, to Oct 10, 1934

I last saw h[illegible] alive on Oct 10 1934 death is said to have occurred on the date stated above, at 5 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	Aug 1934

Other contributory causes of importance:

Chronic Interstitial Nephritis Hypertension	Jan 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.

(Address) 711 N. Fulton Ave

Co. 5-31-2508

F 05558 ✓ F 05558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N Lombard St. 4-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John F. Bush

(a) Residence: No. 1609 N Lombard St. Ward. .....
(If usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 9-1888

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	46	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nickle Plater
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Factory
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME OF FATHER James H Bush
14. BIRTHPLACE (city or town) (State or country) Baltimore Md
15. MAIDEN NAME OF MOTHER Clara Williams
16. BIRTHPLACE (city or town) (State or country) Baltimore Md
17. INFORMANT Laura Chriswell
(Address) 1710 N Pratt St
18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Cem Date Oct 13 1934
19. UNDERTAKER Roth & B.M. Walters
(Address) N E Cor Pratt & Stricker Sts
20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10 1934 to Oct 10 1934
I last saw him alive on Oct 10 1934 death is said to have occurred on the date stated above, at 11.46 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	2 hrs.
Other contributory causes of importance: Chronic myocarditis	5 yrs.
Pulmonary tuberculosis	5 yrs.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas E Yates, M. D.
(Address) 4 N Fulton

D. P. F 05559 ✓ F 05559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

149-001

Registered No. 149-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) So. Balto. Hosp. St., 934 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna E. Bernhard
(a) Residence: No. 1714 Byrd St St., 84 Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Maried

6. If married, widowed, or divorced (or) WIFE of Joseph P. Bernhard

DATE OF BIRTH (month, day, year) 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housf.
9. Industry or business in which work is done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.
13. NAME Geo. Dorsey
14. BIRTHPLACE (city or town) (State or country) Balto
15. Name Catherine C. Wagaha
16. BIRTHPLACE (city or town) (State or country) Balto
17. INFORMANT Patient.
(Address) 1714 Byrd St.
18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 10/15/34
19. UNDERTAKER Geo. Lawrence Sons
(Address) 511 Eighteenth St.
20. FILED [illegible]
127934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-28-34. 19 . to 10-11-34. 19
I last saw her alive on 10-11-34. 19 . Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis.	
Pregnancy	
Endocarditis.	
Cerebral embolism.	

Other contributory causes of importance:

Name of operation Ceasmean Section Date of 10-8-34
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. N. Taylor M. D.
(Address) So. Balto. Gen. Hosp.

05560 F 05560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 54-004

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME George Robinson

(a) Residence: No. 3815 Ave P 1/2 St., ... Ward. Galveston Texas

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Una

DATE OF BIRTH (month, day, year): 1-14-1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Garage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Owner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Texas

13. NAME of Father: J. A. D. Robinson

14. BIRTHPLACE (city or town) (State or country): Ala

15. MAIDEN NAME of Mother: Belly Eanes

16. BIRTHPLACE (city or town) (State or country): Texas

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Bayside Texas Date: Oct 12 1934

19. UNDERTAKER (Address): Chas E. Brauerton Son Broad & Royal Ave

OCT 12 1934 19 Hundley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934 to Oct 12, 1934

I last saw h.im alive on Oct 12, 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (benign)	1932

Other contributory causes of importance:

Name of operation: Rt. Craniotomy Date of: 10/10/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

P. 1268-9

F 05561

5561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 119

PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Jacqueline Fischer

(a) Residence: No. 5 Rivara Ave. Roseldale 11th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 17, 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	24/25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City Hospital Balto. Md.

12. NAME John Fischer

14. BIRTHPLACE (city or town) (State or country) Roseldale Md

15. MAIDEN NAME Klasing

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John Fischer
(Address) 7401 Belair Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Oct 15 1934

19. UNDERTAKER Leubs Lassahn & Son
(Address) 7201 Belair Ave

21934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1934 to October 12, 1934

I last saw h... alive on October 12, 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Gastro-enteritis	
2. Otitis media	

Other contributory causes of importance:

1. Malnutrition

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state how .....

(Signed) W. W. Wasmuller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

B 1268-9

F 05562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91110 F 05562 X 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. Johns Hopkins St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fred Deal

(a) Residence: No. Statesville St., Ward. N. Car
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Coleo

DATE OF BIRTH (month, day, year) 3-22-1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N Car

13. NAME K. C. Deal.

14. BIRTHPLACE (city or town) (State or country) N Car

15. MAIDEN NAME Etta Ingraham

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Statesville N C Date Oct 12 19 34

19. UNDERTAKER John [illegible] Tolus
(Address) Tyler Entaw Place

Hartford Funeral Home Registered

21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1934 to Oct 12, 1934

I last saw him alive on Oct 12, 1934 Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (malignant)	July 1934

Other contributory causes of importance:

Name of operation Ventriculography Date of 10/10/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Sellers M. D.

(Address) The Johns Hopkins Hospital

B. B. 1208-9

F 05563

05563 HEALTH DEPARTMENT—CITY OF BALTIMORE

#7

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Wildwood Pkwy & Cranston Ave. Ward)

Length of residence in city or town where death occurred 49 yrs. 1 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John J. Gibbons

(a) Residence: No. Wildwood Pkwy & Cranston Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Helene Latlief Gibbons

DATE OF BIRTH (month, day, year) Aug. 15, 1885.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Peter J. Gibbons

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Reddington

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mr. Thomas J. Gibbons

(Address) 120 S. Howard St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct. 13, 1934

UNDERTAKER Harry F. Lutzke

(Address) 4101 Edmondson Ave.

37934 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to 10-11, 1934

I last saw h.Lym alive on 10-11, 1934. Death is said to have occurred on the date stated above, at 1215 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-carcinoma Lung	?
Other contributory causes of importance: General Carcinomatosis	?

Name of operation Laryngectomy Date of Feb 20, 1933

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Sh. Wrang, M. D.

(Address) 4000 Edmondson Ave

. B. 1265-9

✓ F 05564

HEALTH DEPARTMENT—CITY OF BALTIMORE

5564

93-003

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 3227 Erdman Ave 8-01 Ward)

gth of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Pauline Boyd

(a) Residence: No. 3227 Erdman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of John T. Boyd

DATE OF BIRTH (month, day, year) June 14th 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Lutherville Md

13. NAME Frank Weimeister

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Elizabeth Tagg

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT John T. Boyd

(Address) 3227 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 13th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. 31934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/9/1934 to 10/11/34, 19

I last saw h~~e~~r alive on 10/11/34, 19. Death is said to have occurred on the date stated above, at 4.~~2~~0 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance: Diabetes entailed Arteriosclerosis	3 days

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J Tagg, M. D.

(Address) 910 W. Lombard

B. 1208-0

F 05565

5565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 12-01

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2007 Guilford Ave St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Albon T. Falls

(a) Residence: No. 2007 Guilford Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed or divorced~~ HUSBAND of ~~late wife of~~ Ora C. Falls

DATE OF BIRTH (month, day, year) Jan 2nd 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	75	9	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor Oil

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Butter Business

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Thomas Marion Falls

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Catharine Freeman

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Burford O. Falls

(Address) 5261 Nelson Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 13th 19

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

~~Huntington Williams~~ Registrar.

FILED 31034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17, 1934 to Oct. 11th, 1934

I last saw him alive on Oct. 11th 1934 Death is said to have occurred on the date stated above, at 3:20 P. m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular disease. — Probably several yrs

Other contributory causes of importance: Hypostatic pneumonia - General Arterio-Sclerosis -

Name of operation None. Date of —

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) A. F. Thomson M. D.

(Address) Medical Arts Building.

B. 1268-9

F 05566

HEALTH DEPARTMENT—CITY OF BALTIMORE

5566

CERTIFICATE OF DEATH

† 93-003

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Church Home & Infirmary St. 6-01 Ward)

gth of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Anna Didusch

(a) Residence: No. 2509 E. 5th Ave. St., Ward. Knoxville, Tenn.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

If married, widowed, or divorced (a) ~~HUSBAND OF~~ (or) WIFE of Mr. Mathais Didusch

6. DATE OF BIRTH (month, day, year) Oct. 22 / 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	11	11/14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sef 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation A

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mr. Wm. Peters

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophia Stalling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henry J. Manning

(Address) 6910 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/13 1934

19. UNDERTAKER The Chas. S. Powell Co.

(Address) 1217 E. Fayette St

Huntington Williams Reg.
Registrar.

20. FILED 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14 1934 to Oct. 11, 1934

I last saw h ~~er~~ alive on Oct. 11, 1934 Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

Pseudomucinous Cyst of Rt. Ovary with Extension to Anterior abdominal wall.

Myocarditis (Chronic)

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation Removal of Pseudomucinous Cyst of Rt. Ovary Date of 9.26.34

What test confirmed diagnosis? Clinical Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard V. Hauver M. D.

(Address) Church Home & Infir.

B 1268-8

F 05567

HEALTH DEPARTMENT—CITY OF BALTIMORE

5567

93-001

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St. 19-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ellen Hester

(a) Residence: No. 1715 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Henry Hester

DATE OF BIRTH (month, day, year) Feb 23 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
93	93	7	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Tenn.

13. NAME Wm A Brown

14. BIRTHPLACE (city or town) (State or country) Tenn

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Tenn

INFORMANT William Brown

(Address) 1715 W. Franklin

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Oct 14 1934

UNDERTAKER Sam'l R. Chase & Son

(Address) 638 N. Gilmor

Filed ... 19... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:04 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) W P Hergrand M. D.
Coroner

(Address) 1205 N Gilmor St

B. 1268-9

F 05568

68

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-002

PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St., (Ward)

th of residence in city or town where death occurred Life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Allison Webb

(a) Residence: No. 1009 N. Washington Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Webb

ATE OF BIRTH (month, day, year) Nov. 10, 1888

GE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	45	11	29	1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Webb

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Carrie Abercrombie

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT (Address) Hospital Records

BURIAL, CREMATION, OR REMOVAL. Place Trinity Cem Date 10/15/34 19

UNDERTAKER Philip Dewing Sons Inc.

(Address) 2016 Orleans St.

FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1934 to Oct 11 1934

I last saw h[illegible] alive on Oct 11 1934 Death is said to have occurred on the date stated above, 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer duodenal c. Pyloric Obstruction	Years
Other contributory causes of importance: Pulmonary Embolism	10/11/34

Operation Gastro-Enterostomy Date of 10/5/34

Name of operation X-Ray Was there an autopsy? No

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Donald H. Gast M. D.

(Address) Balto City Hospitals

B 1268-9

9 F 05569

HEALTH DEPARTMENT—CITY OF BALTIMORE

5569

CERTIFICATE OF DEATH

✓ 203

Registered No.....

PLACE OF DEATH

Y OF BALTIMORE: (No. 119 W. Pratt St. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 29 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Robert Mervyn Blatter.

(a) Residence: No. 3907 Old York Road. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of ---------

ATE OF BIRTH (month, day, year) June 8, 1905

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
29	4	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. 09

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

9. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert R. Blatter.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Alice A. Thatcher.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Robert R. Blatter. (father)

(Address) 3907 Old York Road.

BURIAL, CREMATION, OR REMOVAL

Pl... Woodlawn Cemo - 1 3 34

UNDERTAKER John C. Materne & Son

(Address) 1900 Eastern Ave.

D... 19...

31934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Cervical Vertebrae	
Strangulation.	
Caught between elevator and floor.	
Accidental Death.	

Other contributory causes of importance:

Name of operation None Date of.....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto Hemhardt, M. D. Coroner

(Address) 10/12/34 1017 E. Charles St.

F 05570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 6 01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Roberta Webster

(a) Residence: No. 1710 Llewellyn Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Stepney

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Mrs Smith

14. BIRTHPLACE (city or town) (State or country) D. C.

15. MAIDEN NAME Sylvia ?

16. BIRTHPLACE (city or town) (State or country) D. C.

INFORMANT Records (Address) Back City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Petersburg Va. Date 10/13 19 34

UNDERTAKER Joseph H. Locke Co. (Address) 1302 Pennsylvania Ave.

..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1934 to Oct 11, 1934

I last saw her alive on Oct 11, 1934 Death is said to have occurred on the date stated above, at 9:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, left	3 days
Hypertension	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I Pharaoh, M. D.

(Address) Back City Hosp

1934 Apr 18

B. 1268-9

F 05571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1928 Orleans St. St., 6-01 Ward)

Length of residence in city or town where death occurred 69 yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John W. Hudson

(a) Residence: No. 1928 Orleans St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Hudson

DATE OF BIRTH (month, day, year) Sept. 12, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	1	0	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 60

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Hudson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ella Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Elizabeth Hudson Horney

(Address) 1928 Orleans St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Oct. 15, 1934

UNDERTAKER John Ullrich

(Address) 2018 Orleans

FILED ..... 19..... Registrar.

31934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 22 1934 to OCT 12 1934 19...

I last saw ... alive on Oct 11 1934 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1 Yr
Other contributory causes of importance:	
Cerebral Hemorrhage	1 Day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward [illegible] M. D.

(Address) 413 N Fremont

B 1268-9

F 05572

5572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

Registered No. 8-01

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Walter E. Schulz

(a) Residence: No. 3061 Mayfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Apr 11/1909

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25	6	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draftsman

Industry or business in which work was done, as silk mill, saw mill, bank, etc 186

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

3. NAME Conrad F. Schulz

4. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

5. MAIDEN NAME Rosa C. Stolte

6. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NFORMANT Mrs R. A. Schwier

(Address) 3061 Mayfield Ave

URIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Oct 13, 19 34

UNDERTAKER Wm Ullrich Sons Undertaking Co

(Address) 1111 Edmondson Ave

FILED 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.15 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	???

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) [illegible]

F 05573

5573 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2819 Erdman Ave. St., 8-01 Ward)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Karl Weller

(a) Residence: No. 2819 Erdman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widowed

married, widowed, or divorced
HUSBAND of (or) WIFE Pauline Weller

TE OF BIRTH (month, day, year) June 30, 1860

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Wm. F. Weller

(Address) 2819 Erdman Ave.

BURIAL, CREMATION, OR REMOVAL

Place St. Matthews Cem. Date Oct 15, 1934

UNDERTAKER John Tott Ulbrich

(Address) [illegible]

FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct, 11, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-8-, 1934 to 10-11, 1934

I last saw him alive on 10-10-, 1934 Death is said to have occurred on the date stated above, at 4 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	?
with	
Acute heart failure	10-8-34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton C. Lang, M. D.

(Address) 2117 Belair Rd.

F 05574

F. 1268-9

05574 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1110 Bonn Ent St. 18-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Martha Bernell-Brown

(a) Residence: No. 1110 E Baines East Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col Ent	Mar

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 1894

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Lucy Brown

(Address) 1110 E Baines East

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 10/13 19 34

UNDERTAKER Harry Eaton

(Address) 46 Bloomsbury

FILED , 19 Registrar.

1934 1284

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Oct 10 1934

I last saw h— alive on Oct 10, 1934 Death is said to have occurred on the date stated above, 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-renal-vascular complication	

Other contributory causes of importance:

Uremia	Oct 1934

Name of operation None Date of

What test confirmed diagnosis Clinical lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Marcellus Williams M. D.

(Address) 1530 Madison Ave

F 1268-9

575

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 95575

CERTIFICATE OF DEATH

95-002

Registered No.

PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 11-21 Ward)

th of residence in city or town where death occurred about 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lowe Jang

(a) Residence: No. 312 Park avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Chinese	

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

ATE OF BIRTH (month, day, year) about 1869

GE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
bout	65			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laundryman

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 041

8. Date deceased last worked at this occupation (month and year): about 1928

11. Total time (years) spent in this occupation: Life

BIRTHPLACE (city or town) (State or country): China

12. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): China

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): China

INFORMANT Mrs. Willie Chin (friend)
(Address) 117 N. Howard Street

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Oct 13/34

UNDERTAKER Stewart & Mowen Company
(Address) 108 W. North Avenue

CT 13 1934 ..., 19.., ..., Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 10, 1934, to October 11, 1934.

I last saw hLPN alive on October 11, 1934. Death is said to have occurred on the date stated above, at 4:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/10/34

Other contributory causes of importance:

Hypertension, Arteriosclerosis, Chronic Interstitial disease

Name of operation ..... Date of .....

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Helen I. Maguire M. D.

(Address) University Hospital

P. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05576

Registered No. 131

PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) No-Ca

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mrs. Arabia Sullens

(a) Residence: No. 3300 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. James R. Sullens

DATE OF BIRTH (month, day, year) Mar. 8, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME John Wolf

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Annie Krause

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT James R. Sullens

(Address) 3300 McElderry St.

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem. Date Oct 13, 1934

UNDERTAKER Libby Zeter Son

(Address) 4122 Reisterstown Rd.

FILED Oct 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1934 to Oct. 11, 1934

I last saw her alive on Oct. 11, 1934 Death is said to have occurred on the date stated above, at 6 50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic vascular nephritis	?
Cerebral hemorrhage	10/9/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Sequeira, M. D.

(Address) Church Home & Infirmary

P. 1268-9

577

F 05577

V23

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 708.S.Baylis St., 26 Ward)

th of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME John J Heimbach

(a) Residence: No. 708 S Baylis St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	married

f married, widowed, or divorced
BUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Sept 18 1891

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	0	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Constable ob
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peoples COURT
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bato Md

13. NAME Conrad Heimbach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Muth

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary Heimbach (mother)

(Address) 708 Baylis St

BURIAL, CREMATION, OR REMOVAL

Place Sacred Hearts Date, Oct 15 . 19 34

UNDERTAKER Lilly Zuke Inc

(Address) 1032 Wolfe st.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 . 1934 to Oct 16 . 1934

I last saw h alive on Oct. 10 . 1934 Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Oct-1933

Other contributory causes of importance:

none

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Nathan J. Davidson M. D.

(Address) 3228 Eastern ave

F 05578

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

578

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 5214 Beaufort Ave. 27-01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME ~~Mattie~~ Louis J. Hunt

(a) Residence: No. 5214 Beaufort Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dana R. Hunt.

7. DATE OF BIRTH (month, day, year) July 25 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Sheboygan Falls Wisconsin

13. NAME Adolph Knott

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Maria Gosmeier

16. BIRTHPLACE (city or town) (State or country) Holland

17. INFORMANT D.R. Hunt

(Address) 5214 Beaufort

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 14 19 .....

19. UNDERTAKER H. Nicholas & Sons

(Address) Balto Md

FILED 10 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/11 1934 to 10/12 1934

I last saw her alive on 10/12 1934 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast	3-3-34 ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry Russell M. D.

(Address) 3402 Groveland Ave.

B 1268-9

F 05579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

579

PLACE OF DEATH

Y OF BALTIMORE: (No. 426 E. 25th, St. St. 12-61 Ward)

th of residence in city or town where death occurred 81 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Catherine Zinkhan

(a) Residence: No. 426 E. 25th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 5th 1853

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	2	10 6	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

13. NAME Louis Zinkhan

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Gertrude Budisheim

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mr. Louis Zinkhan
(Address) 426 E. 25th St.

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 13th 1934

UNDERTAKER Wm J Tickner & Sons
(Address) Tenth & Penna Ave

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1934 to Oct 11 1934

I last saw ... alive on Oct 11 1934 Death is said to have occurred on the date stated above, at 10 ... m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset Oct 1934

Coronary Thrombosis

Other contributory causes (if any) importance:

Endocarditis

Name of operation None Date of ...

What test was made? Electrocardiogram Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Geo Yungmeyer M.D. M. D.

(Address) 1400 E 25th St

P. 1268-9

F 05580

HEALTH DEPARTMENT—CITY OF BALTIMORE

580

CERTIFICATE OF DEATH

Registered No. 5446

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Baltimore City Hospitals

Y OF BALTIMORE: (No. ..... St., 5-07 Ward)

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Hooper

(a) Residence: No. 234 N. Carolina Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 15 1886

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	6	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. Unknown
8. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James Hooper Sr.

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Kate ?

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Hospitals
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mary cemetery Date Oct 13 1934

UNDERTAKER Edw Bryon
(Address) 1637 Orleans St

FILED Oct 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Oct 10 1934

I last saw h/m alive on Oct 9 1934 Death is said to have occurred on the date stated above, at 4:25 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	8 Months

Other contributory causes of importance:

Hemorrhage, secondary to Carcinoma of Esophagus & Stomach 10 Oct 34

Name of operation Gastrostomy Date of 9-14-34

What test confirmed diagnosis? Biopsy Was there an autopsy? (C)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Samuel H. Grant M.D.

(Address) Mills City Hospitals

R. 1268-9

F 05581

5581 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y. OF BALTIMORE: (No. St., Ward)

How long in U. S. If of foreign birth? yrs. mos. ds.

th of residence in city or town where death occurred

FULL NAME

(a) Residence: No. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

married, widowed, or divorced

ND of

(or)

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Date 19

UNDERTAKER

(Address)

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

3 1934

1268-9

F 05582

HEALTH DEPARTMENT—CITY OF BALTIMORE

82

CERTIFICATE OF DEATH

X V 93-004

Registered No. 23501

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. South Baltimore General Hospital St., (Ward)

of residence in city or town where death occurred ---yrs.---mos.21ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Howard Carr.(C) or Kiah.

a) Residence: No. 1021 Peach Al. St., Ward. Cambridge, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Widower

[illegible], widowed, [illegible]
HUSBAND of [illegible] Mamie Carr.(C)

DATE OF BIRTH (month, day, year) Do not know

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	----------	----------	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cambridge, Md.

NAME Lemuel Carr.(C)

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Mary -------(C)

BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Flora Epperson.(C) niece.

(Address) 1021 Peach Alley.

BURIAL, CREMATION, OR REMOVAL

Place Cambridge Date Oct 13 1934

UNDERTAKER Lewis H Baynum

(Address) Cambridge Md

FILED 31934 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2 o.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Myocardial Insufficiency

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? Hospital autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Geo. M. Steinhardt, M. D. Coroner

(Address) 10/18/34 1017 E. Charles St.

Mogan F 05583

B 1268-9

583 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

Baltimore City Hospitals

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 1-01 Ward) 172-60

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William J. Mogan

(a) Residence: No. 1105 Lakewood Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced.

HUSBAND of (or) WIFE of Amelia Mogan

TE OF BIRTH (month, day, year) March 20, 1879

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	6	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) Baltimore (State or country)

15. NAME George J. Mogan

16. BIRTHPLACE (city or town) Baltimore (State or country)

17. MAIDEN NAME Theresa Kinnerk

18. BIRTHPLACE (city or town) Ireland (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 15 1934

UNDERTAKER J. J. Goerdens & Son

(Address) 1173 Pace

FILED 3 15 34 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1934 to Oct 11 1934

I last saw h[illegible] alive on Oct. 11 1934 Death is said to have occurred on the date stated above, at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

Fibrosis Sarcoma-Orbital, right, Malignant

Gangrene, Cachexia, Pulmonary Embolism

Date of onset 10/7/34

Other contributory causes of importance: Carcinoma, Generalized 10/4/34

Exploratory Laparotomy Date of 10/5/34

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Gant M.D.

(Address) Balto City Hospitals

1268-9

E 05584

HEALTH DEPARTMENT—CITY OF BALTIMORE

581

CERTIFICATE OF DEATH

6-01

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 1106 Hull St. St. Ward)

of residence in city or town where death occurred 50 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

ULL NAME Thomas Johnson.(C)

a) Residence: No. 202 N. Ann St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
1a	Colored	Married

married, ~~widowed, or divorced~~
USBAND of ~~WIFE of~~ Georgeanna Johnson(C)

E OF BIRTH (month, day, year) Do not know.

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	----	----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 074

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Virginia.

. NAME Henry Johnson(C)

. BIRTHPLACE (city or town) (State or country) Virginia.

. MAIDEN NAME Do not know.

. BIRTHPLACE (city or town) (State or country) Do not know.

NFORMANT Georgeanna Johnson.(C) wife

(Address) 202 N. Ann St.

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 10-14 19 34

NDERTAKER Byron & Francis H. Knight

(Address) 1201 McElderry St

ED ... 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9.45 a. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Myocardial Insufficiency.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Reinhardt M. D.
Coroner

10/12/34 (Address) 1017 E. Charles st.

F 05585

D. B. 1268-9

5585 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

'34

CERTIFICATE OF DEATH

Registered No. 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Univ Hos; St. ..... Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Born Gore Jamestown

. FULL NAME .....

(a) Residence: No. 1517 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of New Born

DATE OF BIRTH (month, day, year) Oct. 9 1934

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or 80 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. New Born

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New Born

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation New Born

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert Jamestown

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Annie L Harper

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mr Mayhew

(Address) 1517 W. Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Univ of Md Date Oct 13. 1934

19. UNDERTAKER .....

(Address) .....

20. FILED Hunter Williams, Registrar.

319.34 1785

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1934 to Oct 9, 1934

I last saw h[illegible] alive on Oct 9, 1934 Death is said to have occurred on the date stated above, at 8:40 Am.

The principal cause of death and related causes of importance were as follows:	Date of onset
Congenital Lues	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Savage M. D.

(Address) Univ Hosp

D. B. 1268-9

5586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 05586

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1853 Cole St. 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Young

(a) Residence: No. 1853 Cole St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Heelborn~~ Heelborn

DATE OF BIRTH (month, day, year) Oct. 10, 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Heelborn~~ 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Dave W Young

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Nora L. Hoffnagle

16. BIRTHPLACE (city or town) (State or country) Queen Anne's Co Md.

17. INFORMANT Dave Young (1853 Cole St)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Oct 13, 1934

19. UNDERTAKER

(Address)

Oct 31 1934 Hunter Fu Williams Dir

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934 to Oct 11, 1934

I last saw h[illegible] alive on Oct 11 1934 Death is said to have occurred on the date stated above, at 3.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia livida.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) E. Savage M. D.

(Address) Union Hosp.

P 1268-9

F 05587

587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 905 N Bradford St., 7-01 Ward)

th of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth 53 yrs. mos. ds.

FULL NAME Josephine Zitnik

(a) Residence: No. 905 N Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) Sept 26, 1876

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58		14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Wenceslaus Zitnik

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Mary Vopalecky

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Wenceslaus Zitnik

(Address) 905 N Bradford

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 16 1934

UNDERTAKER Frankly Bach & Son

(Address) 1906 Old Frederick Rd

Huntington Williams, Md

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1934 to Oct 13 1934

I last saw her alive on Oct 12 1934 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast with Metastasis	6 yrs. ago
Phlebitis right leg	1 week

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert L. Sikorsky M. D.

(Address) 2939 Mc Elderry St

B 1268-9

F 05588

HEALTH DEPARTMENT—CITY OF BALTIMORE

05588 ✓ 23

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 7-W Ward)

th of residence in city or town where death occurred 53 yrs. • mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

FULL NAME Anton Yager (Yagr)

(a) Residence: No. 2209 Ashland ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Yagr

ATE OF BIRTH (month, day, year) Aug. 15, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	27	•

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 07

9. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Bohemia

13. NAME Anton Yagr

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Mary Turek

16. BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 16 1934

UNDERTAKER Frank Brockton
(Address) 1706 Eutaw Pl

FILED 1934 Huntington Pittsburg, Pa
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1934, to October 12, 1934

I last saw him alive on October 12, 1934 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Mayo W Jacobson M. D.
(Address) Baltimore City Hospitals

F 1268-9

F 05589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89 ✓23

PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 11-C (Ward)

th of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Roland Boyd

(a) Residence: No. 223 W. Biddle st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Boyd

ATE OF BIRTH (month, day, year) Jan. 7, 1901

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	9	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

8. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) South Carolina

12. NAME Pinkney Boyd

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Ida Wright

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 13. 1934

UNDERTAKER [illegible]
(Address) [illegible]

[illegible] Registrar.

37934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 28, 1934 to October 11, 1934

I last saw him alive on October 11, 1934. Death is said to have occurred on the date stated above, at 12.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar. 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Meyer M. Jacobson, M. D.

(Address) Baltimore City Hospitals

(Dance) ✓ F 05590

H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

590

CERTIFICATE OF DEATH

Registered No. 47

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH: Baltimore City Hospitals

Y OF BALTIMORE: (No. 3 St., 3 Ward)

th of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Stanley

(a) Residence: No. 3 (Usual place of abode) South Bethesda Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Divorced

married, widowed, or divorced, HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year)			
12/22/1895			
AGE Years: 58	Months: 9	Days: 10	If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Iron Worker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 3

8. Date deceased last worked at this occupation (month and year): 3

11. Total time (years) spent in this occupation: 079 2

BIRTHPLACE (city or town) (State or country): N.Y. City

13. NAME of father: Albert Stanley

14. BIRTHPLACE (city or town) (State or country): N.Y. City

15. MAIDEN NAME of mother: Catherine Miller

16. BIRTHPLACE (city or town) (State or country): N.Y. City

INFORMANT (Address): Hospital Records

BURIAL, CREMATION, OR REMOVAL: Place Sacred Heart Date 10/13 1934

UNDERTAKER: J. J. Fahey & Sons

(Address) 1318 Light St

FILED 31934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1934 to Oct 7 1934

I last saw him alive on Oct 7 1934 Death is said to have occurred on the date stated above, at 1:15 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma 3
Left Lung 2
Metastasis 1

Date of onset
3
2
1

Other contributory causes of importance: Bronchopneumonia 3d

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Levy M. D.

(Address) Balto City Hosp

F 05591

1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 1105 N. Bentalou St (Hospital or Ward)

(b) If not in city or town where death occurred, Lived yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(c) Usual place of residence in city or town where death occurred

FULL NAME Newton Hall

(a) Residence: No. 1105 N. Bentalou St. Ward.

(b) (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

(a) If married, widowed, or divorced HUSBAND of —— WIFE of ——

(b) DATE OF BIRTH (month, day, year) Feb 5th 1882

Years	Months	Days	If LESS than 1 day, hrs. or min.
52	8	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Winchester Woods

Date deceased last worked this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation 20

(a) BIRTHPLACE (city or town) (State or country) Balto Md

(b) NAME OF FATHER William Hall

(a) BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME OF MOTHER Unknown

(b) BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Anna Baling

(Address) 1105 N. Bentalou St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/10/34

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 10-11-34 Registrar

T 141934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Luck Coroner, M. D.

(Address) Coroner

F 05592 ✓ F 05592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Ruxton Ave 15-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME India R. Prager

(a) Residence: No. 1612 Ruxton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Charles A. Prager

7. DATE OF BIRTH (month, day, year) June 29th 1862

8. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
72	3	13	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

10. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

12. NAME OF FATHER John Cook

13. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

14. MAIDEN NAME OF MOTHER Susan Wilt

15. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

16. INFORMANT George A. Franklin

(Address) 1255 Brutalon St

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 15th 1934

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED Oct 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1934 to Oct 17 1934

I last saw h.. alive on Oct 11 1934. Death is said to have occurred on the date stated above, at 3:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia of Blood Clot in brain Involving respiratory Centers	Oct 11
Other contributory causes of importance: Arteriosclerosis Cerebral Hemorrhage	Sept 28

Name of operation none Date of

What test confirmed diagnosis? Paralysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Truman Jones M. D.

(Address) 4802 Roslyn Ave

1268-A

05593 ✓ F 05593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 4429 Old York Road St., 27-01 Ward)

(b) If not in city or town where death occurred, how long has deceased lived in city or town where death occurred? ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Lilly M. Walters

(a) Residence: No. 4429 Old York Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
WIFE of (or) HUSBAND of ~~~~~

6. DATE OF BIRTH (month, day, year) May 16/1873

7. Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.F. & G. Co

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME OF FATHER Joseph T. Walters

14. BIRTHPLACE OF FATHER (city or town) (State or country) Howard Co., Md.

15. MAIDEN NAME OF MOTHER Leah S. West

16. BIRTHPLACE OF MOTHER (city or town) (State or country) Accomac, Va.

17. INFORMANT Augustus P. Walters
(Address) 1883 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Oct 15th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7.40 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John E. Lane, M. D.
Coroner.

(Address) 508 E. Fayette St.

F 05594 ✓ F 05594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) Baltimore City Hospitals (or) 9-0 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Leven Dorsey Jr

(a) Residence: No. 2519 Robb St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	widowed

married, widowed or divorced WIFE of (or) HUSBAND of Margaret (dead)

DATE OF BIRTH (month, day, year) Aug 11th 1864

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	2	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co

Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 35

BIRTHPLACE (city or town) Baltimore
(State or country) Md

2. NAME Oscar Dorsey

3. BIRTHPLACE (city or town) ?
(State or country) Md

5. MAIDEN NAME Unknown?

6. BIRTHPLACE (city or town) ?
(State or country) Md

INFORMANT Records Balt City Hosp.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 16th 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul st

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21 1934 to Oct 13 1934

I last saw him alive on Oct 13 1934 Death is said to have occurred on the date stated above, at 12-0 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	5
Cerebral hemorrhage, left	2 hrs?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) I P Maguire, M. D.

(Address) Balt City Hosp.

F 05595

F 05595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St., 19-01 (Ward)

How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

h of residence in city or town where death occurred 27 yrs. — mos. — ds.

FULL NAME Gussie Cohen

(a) Residence: No. 1534 E Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	—	—	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Russia

12. NAME Jacob Kraft

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Esther Graff

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rivods

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rose Dale Date Oct 14, 1934

19. UNDERTAKER Sol Lewis & Bro

(Address) 1127 E Balto St.

FILED Oct 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept-27 1934 to Oct-12, 1934.

I last saw her alive on Oct-12, 1934. Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral Hemorrhage, Hemiplegia (left)	9-26-34
(2) Arteriosclerotic Heart Disease, Auricular Fibrillation with Congestive Failure	9-13-34
Other contributory causes of importance: Syphilis	?
Hypertrophic arthritis	1922

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry A. Stubbins, M. D.

(Address) The Johns Hopkins Hospital

F 05596

F 05596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1005 Mc Culloh St. 11-01 Ward)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rosie Frydings Holland

(a) Residence: No. 1005 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col'd	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Frederick Holland

TE OF BIRTH (month, day, year) 1876

E Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (City or town) (State or country) Balto md

. NAME Wm H. Frydings

4. BIRTHPLACE (city or town) (State or country) md

5. MAIDEN NAME Sophia Peck

6. BIRTHPLACE (city or town) (State or country) md

NFORMANT Wm F. Frydings

(Address) 1005 Mc Culloh St

BURIAL, CREMATION, OR REMOVAL Laurel Cem Date Oct 15 1934

UNDERTAKER Fernando C. Hamsley

(Address) 1618 Eutaw Pl

FILED Oct 15 1934 By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11 1934

I HEREBY CERTIFY, That I attended deceased from Aug 5 1934 to Oct 11 1934

I last saw her alive on Oct 10 1934. Death is said to have occurred on the date stated above, at 7 A .m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Renal Hypertension Syndrome	Aug 5 34

Other contributory causes of importance:

No

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. J. Peckham M. D.

(Address) 1715 Park Ave Oct 12 1934

1268-9

F 05597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05597

117-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
OF BALTIMORE: (No. 580 W Preston St., 17-01 Ward)

of residence in city or town where death occurred, yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Viola Parker

(a) Residence: No. 580 W Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Single

(Married, widowed, or divorced) HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 6-1899

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	2	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME OF FATHER Lewis Parker

BIRTHPLACE (city or town) (State or country) Baltimore

MAIDEN NAME OF MOTHER Emma Marshall

BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Ida Hardy 920 Wilkens Ave

BURIAL, CREMATION OR REMOVAL Laurel Cem Oct 15 1934

UNDERTAKER Byron & Hensley 1818 Eutaw Pl

FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	

Other contributory causes of importance:

Gastric Ulcer, 1 year	

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular ... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leuk M. D.
Coroner

(Address) Coroner

05598 ANNIE L. WRIGHT F 05598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. Mercy Hospital St. 13-01 Ward)

(b) Length of residence in city or town where death occurred 53 yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie L. Wright

(a) Residence: No. 808 Washington St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	married

married, widowed, or divorced (HUSBAND of (or) WIFE of) William L. Wright

DATE OF BIRTH (month, day, year) 9/3/1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	1	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

3. NAME OF FATHER Edward McCleary (McCleary)

4. BIRTHPLACE (city or town) (State or country) Maryland

5. MAIDEN NAME OF MOTHER Elizabeth Neal

6. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT (Address) Hospital Records.

BURIAL, CREMATION, OR REMOVAL Place St. Mary's Hampden Oct. 15- 1934

UNDERTAKER (Address) Horace F. Burgee 3631 Falls Road

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/27/34, 19.., to 10/11/34, 19..

I last saw her alive on 10/11/34, 19.. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Antrum carcinoma C-V & C carcinoma Thrombus	2

Other contributory causes of importance:

Ca bulla & left external [illegible] 9/27/34

Name of operation Thigh amputation Date of 10/6/34

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Schmidt, M. D.

(Address) Mercy Hospital.

F 05599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Sinai Hospital St. 5-01 Ward)

(a) Length of residence in city or town where death occurred, yrs. 30 mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

FULL NAME Minnie Freeman

(a) Residence: No. 9 N. Exeter St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Married

married, widowed, or divorced WIFE (or) HUSBAND of Harry Freeman

DATE OF BIRTH (month, day, year) 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 0?

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

2. NAME Frank Parinsky

4. BIRTHPLACE (city or town) (State or country) Russia

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Harry Freeman
(Address) 9 N. Exeter

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 10-14-37

UNDERTAKER Jacob Lewis Inc
(Address) 1439 E. Baltimore St

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12 1937 to October 17 1937

I last saw her alive on October 17 1937 Death is said to have occurred on the date stated above, at 3.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cardiac decompensation & dilatation	
Chronic myocarditis	
Cardiac insufficiency	
Cerebral hemorrhage - left.	

Other contributory causes of importance:

Diabetes mellitus

Name of operation ..... Date of .....

What test confirmed diagnosis? clin Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Paul Wellington Sloan M. D.

(Address) Sinai Hospital

1268-9

05600 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05600

CERTIFICATE OF DEATH

186-001

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME ANN A. Hugg

a) Residence: No. 1809 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	single

married, widowed, or divorced
USBAND of
r) WIFE of

TE OF BIRTH (month, day, year) 1847

Years	Months	Days	If LESS than 1 day, hrs. or min.
87			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) North Carolina

NAME Benjamin J. Hugg

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Dawsey Ashley

BIRTHPLACE (city or town) (State or country) North Carolina

FORMANT Mrs. Mary V. Galloway
(Address) 1809 N. Bond St

URIAL, CREMATION, OR REMOVAL

Place Greenmount Cemtry Date Oct. 15, 1934

NDERTAKER Henry W. Ingerson
(Address) 805 N. Calvert St.

ILED Oct 16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
General Arteriosclerosis	

Other contributory causes of importance:

Fractured rt hip	Sep 11/34

Name of operation no Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Sept 11/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fell down stairs - 2nd

Nature of injury to 1st floor

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. F. Walsh, M. D.
Coroner

(Address) 508 E. Fort Ave

F 05601

F 05601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No. .....

PLACE OF DEATH: (No. Dead on arrival at Hopkins Hospital St., 10-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St., ... Ward)

If of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Nathaniel Logan

(a) Residence: No. 811 N. Eden St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

(If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 12/1912

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	3	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

NAME Charlie Logan

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Cottie Stamps

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Cottie Flingglis

(Address) 811 N. Eden St

BURIAL, CREMATION, OR REMOVAL

Place Johnson Cattey Date Oct 14, 1934

UNDERTAKER Ernest Pool

(Address) 135 W Hamilton St

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.30 A. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
Other contributory causes of importance: Probably Acute Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 500 E Fayette

F 05602

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05602

CERTIFICATE OF DEATH

93-004

Registered No.

PLACE OF DEATH Dead on Arrival at

OF BALTIMORE: (No. Hopkins Hospital St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Jane Kues

(a) Residence: No. 209 S. Register St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Widow

Married, widowed, or divorced
(HUSBAND of
(or) WIFE of Frederick

DATE OF BIRTH (month, day, year) May 1/1854

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME -- - - Dunnigan

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Elizabeth Fitzsimons

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Mary Brune
(Address) 209 S. Register St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 15, 1934

UNDERTAKER Martin W. E. Dippel
(Address) 371 S. Ann St.

FILED Oct 16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above at about 4 P. M.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

(Fell to sidewalk- 317 S. Broadway

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner, M. D.

(Address) ...

F 05603

F 05603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2235 Annapolis St., 25th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edna Herold Mitchell

(a) Residence: No. 2235 Annapolis Road Ward. Dundalk

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo Edmund Mitchell

DATE OF BIRTH (month, day, year) 20 Aug. 1910

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 1y

BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

13. NAME William Horace Herold

14. BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

15. MAIDEN NAME Leona Gable

16. BIRTHPLACE (city or town) (State or country) Baltimore City Maryland

17. INFORMANT Leona Gable Herold

(Address) 2235 Annapolis Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date 10/15/ 1934

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 October 1934

22. I HEREBY CERTIFY, That I attended deceased from 24 May 1934 to 12 Oct 1934

I last saw her alive on 12 Oct 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis	1933

Other contributory causes of importance:

none

Name of operation none Date of no

What test confirmed diagnosis? Examination Was an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Caldwell Woodruff M. D.

(Address) Westbrae Md

1268-9

05604 HEALTH DEPARTMENT—CITY OF BALTIMORE 05604

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Franklin Square Hospital 10-01 Ward)

Length of residence in city or town where death occurred 45 yrs. 1 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME — William B. Lowds

(a) Residence: No. 1840 N. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
(HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, year) Sept 20th 1889

6. Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John F. Lowds

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Catherine O'Neill

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Miss Mary E. Lowds

(Address) 1840 N Baltimore Street.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/15/ 1932

18. UNDERTAKER John J Feeney & Son

(Address) 961 Eastern Ave

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/12/ 1932

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Arterio Sclerosis	10-34

Other contributory causes of importance:

Arterio - Sclerosis

Name of operation Surgery Date of operation 10-13

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M.D.
Coroner

(Address) Coroner's

F 05605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

PLACE OF DEATH

OF BALTIMORE: (No. Baltimore City Hospitals 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME Anna Smith

a) Residence: No. 709 W Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	widowed

married, widowed, or divorced
USBAND of
or) WIFE of Thomas (dead)

E OF BIRTH (month, day, year) April 23, 1859

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Sweden

. NAME Jack Olsen

. BIRTHPLACE (city or town) (State or country) Sweden

. MAIDEN NAME Mickelson.

. BIRTHPLACE (city or town) (State or country) Mickelson.

NFORMANT Mr John Mooney

(Address) 709 W Lombard St.

URIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date 10/16/1934

NDERTAKER Wm Howard & Son

(Address) 901 Hollins St.

FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1934 to Oct 12, 1934

I last saw her alive on Oct 12, 1934 Death is said to have occurred on the date stated above, at 7 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Decubitus Colitis	3 wks
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J Phagel M. D.

(Address) Balto City Hosp

1268-9

F 05606

05606 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 5109 Harford Ave St. 27-21 Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Miriam H. Hamel

(a) Residence: No. 5109 Harford Ave St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

(married, widowed, or divorced) HUSBAND of (or) WIFE of Leonard E. Hamel

DATE OF BIRTH (month, day, year) May 1/1900

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	5	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER'S NAME William O'Neal

FATHER'S BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER'S MAIDEN NAME Sally Biscoe

MOTHER'S BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Edna Talbott
(Address) 5500 Traymore Road

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/15/34 19

UNDERTAKER Leonard J. Kuehn
(Address) 5705 Harford Ave

Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19....., Death is said to have occurred on the date stated above, at about 1.30 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably Accidental Date of injury 10/12/34 19

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home.

Manner of injury Oven burners of kitchen range were partly on.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Joseph Wagner M. D.
Coroner

(Address) 5086 Frankford

F 05607

F 05607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1137 Valley St. 12 Ward)

of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Catherine Shaffer

(a) Residence: No. 1137 Valley St St., Ward. 10th
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of X

TE OF BIRTH (month, day, year) Jan 26 1843

Years	Months	Days	If LESS than 1 day, hrs. or min.
91	8	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME George Shaffer

4. BIRTHPLACE (city or town) (State or country) Md

5. MAIDEN NAME Elizabeth Ann Ensor

6. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Hanna Bell

(Address) 1137 Valley St

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 10/15/34

UNDERTAKER Leonard Murphy

(Address) 1424 Harford Ave

FILED OCT 14 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to Oct 11, 1934

I last saw her alive on Oct 10, 1934. Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Oct 10
Senile Debility	

Other contributory causes of importance:

Insanity

Name of operation None Date of

What test confirmed diagnosis? Clinically was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) J Rumbaugh, M. D.

(Address) Glyndon Md

F 05608

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05608

CERTIFICATE OF DEATH

131

Registered No. 12-61

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 2414 Guilford Ave. St., 12 Ward)

of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frederick A. Rommel

a) Residence: No. 2414 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

Married, widowed, or divorced
HUSBAND of
) WIFE of Louise S. Rommel

E OF BIRTH (month, day, year) Nov. 25, 1847

Years	Months	Days	If LESS than 1 day, hrs. or min.
86	10	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mnfg

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Elliocott City Md.

NAME

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT Louise S. Rommel

(Address) 2414 Guilford Ave

BURIAL, CREMATION, OR REMOVAL

Date 10/15/34 19

Loorn Cemetery

UNDERTAKER Leonard J. Koch.

(Address) 5305 Harford Rd.

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 9th . 1934 to Oct 13th . 1934

I last saw h— alive on Oct 12th . 1934 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Chronic Interstitial Nephritis

Date of onset

Other contributory causes of importance:

Hypertrophy of Prostate

Name of operation None Date of

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) George Geo. M. D.

(Address) 401 E. 25th St.

F 05609

F 05609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

PLACE OF DEATH Balto City Hospitals 25-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St. ..... Ward)

If not in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas Lathe

(a) Residence: No. 2346 Sidney Ave St., Westport Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Lathe

DATE OF BIRTH (month, day, year) 10-14-87

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer C+D

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Balto Md.

NAME Walter Lathe

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Sarah Zepp

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 10/16 19 34

UNDERTAKER Edward Davidson

(Address) 3399 Gwynn Blvd

FILED 4 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 23 1934 to Oct. 12 1934

I last saw him alive on Oct. 12 1934 Death is said to have occurred on the date stated above, at 9 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Mar. 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Balto City Hospitals

1268-9

05610 F 05610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. St Joseph Hospital C-8 Ward)

of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Gary F Albrecht

a) Residence: No. Carney Md Ward.

(Casual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced

(a) HUSBAND of

(b) WIFE of

DATE OF BIRTH (month, day, year) Nov 25 1933

Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carney Md

NAME OF FATHER Leroy A Albrecht

BIRTHPLACE (city or town) (State or country) New York N Y

MAIDEN NAME OF MOTHER Ethel McCurdy

BIRTHPLACE (city or town) (State or country) Herman Md

INFORMANT Mrs A Albrecht

(Address) Carney Md

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/16, 1934

UNDERTAKER Wilson Funeral Home

(Address) 2119 E Fayette St

FILED 10/16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.10 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Gastro-intestinal indigestion	
(Bottle fed)	

Other contributory causes of importance:

Ricketts ?	

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24 Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L Pegg M. D.

Coroner

(Address) 505 E Fayette

F 05611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH 2707 Harrison Blvd 15-01 Ward)

OF BALTIMORE: (No. .....

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Franklin Mead

) Residence: No. 2707 Harrison Blvd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Color or Race	4. Condition	5. Single, Married, Widowed, or Divorced (write the word)
ch	White	Married

Married, widowed, or divorced
HUSBAND of
) WIFE of Annie Mead

DATE OF BIRTH (month, day, year) Jan 15-1896

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	8	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Eng

Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Grand Haven
(State or country) Michigan

NAME OF FATHER William Mead

BIRTHPLACE (city or town) Michigan
(State or country)

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE (city or town)
(State or country)

INFORMANT Annie Mead
(Address) 2707 Harrison Blvd

BURIAL, CREMATION, OR REMOVAL Greenmount Mem. Pk 10/15/37

UNDERTAKER Frederick A Cole
(Address) 1000 W Lanvale St.

FILED 10/15/1937

Robt L Steele Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12-1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Strangulation by Hanging	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Suicide Date of injury Oct 12 1937

Where did injury occur? 2707 Harrison Blvd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Hanging

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Leek Coroner, M. D.

(Address) Coroner

1268-9 F 05612

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05612

J 82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 4200 Penhurst Avenue St. 28-31 Ward)

of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Armand De Rosset Meares

(a) Residence: No. 4200 Penhurst Avenue. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

married, widowed, or divorced
HUSBAND of Emily McCabe Meares

DATE OF BIRTH (month, day, year) March 11th 1854

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	7	1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 60

BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

FATHER'S NAME Gaston Meares

FATHER'S BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

MOTHER'S MAIDEN NAME Catherine De Rosset

MOTHER'S BIRTHPLACE (city or town) (State or country) Wilmington, N.C.

INFORMANT Mrs. Emily Meares Bradshaw

(Address) 4200 Penhurst Avenue.

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Greenmount Cem Date Oct 15th 34

UNDERTAKER John C. Heckrotte & Sons

(Address) 1701 Pennsylvania Ave

Oct 15 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 1934

22. I HEREBY CERTIFY, That I attended deceased from April 16 1931 to Oct 12 1934

I last saw h... alive on Oct 11 1934 Death is said to have occurred on the date stated above, at 5-30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 1934
Aplastic Anemia	1931

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify ...

(Signed) Louis J. Hamburger M. D.

(Address) 1207 Eutaw Place

F 05613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05613

95-002

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Edgewood Hospital

OF BALTIMORE: (No. 6000 Belona Ave St., 13-01 Ward)

of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Theresa Kohlhepp

(a) Residence: No. 2746 N Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible] White	Single

(Single, married, widowed, or divorced ... ...)
(If HUSBAND of ...)
(If WIFE of ...)

DATE OF BIRTH (month, day, year) 1860 ?

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 74	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
House Work	[illegible]	[illegible]	[illegible]

BIRTHPLACE (city or town) Baltimore
(State or country) Md

NAME OF FATHER John Kohlhepp

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME OF MOTHER Eleanor Will

BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mary A Kohlhepp
(Address) 2746 No Calvert St

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Oct 15 1934

UNDERTAKER Wm J Rudnick Sons
(Address) 1018 E Lanvale St

FILED ... 19 ... Registrar

3 1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/22 1934 to 10/12/34 19...

I last saw her alive on 10/12 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1/ Entero Colonitis Cardio Vascular Renal	7 yrs ?
2/ Broncho pneumonia	4 days ?
3/ Secondary Anemia	?
4/	
Other contributory causes of importance:	
1 - Chronic Nephritis	5 yrs ?
2 - Chronic Cystitis	2 yrs ?

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl Le Roy Chambers M. D.

(Address) 4824 Liberty Hts Ave

1268-B

05614

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05614

CERTIFICATE OF DEATH

~45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
(a) CITY OF BALTIMORE: (No.) 615 Collet St., 15-01 Ward)

(b) If not in city or town where death occurred ... yrs. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Chas Smallwood

(c) Residence: No. 615 Collet St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced
HUSBAND of Mary Smallwood
or WIFE of

DATE OF BIRTH (month, day, year) Feb 14 1878

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER Chas Smallwood

BIRTHPLACE (city or town) (State or country) Talbot Co Md

MAIDEN NAME OF MOTHER Sophia Boynton

BIRTHPLACE (city or town) (State or country) Talbot Co Md

INFORMANT Mary Smallwood

(Address) 615 Collet

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 13 1934

UNDERTAKER Archibald G. Geddes

(Address) 2401 Eutaw St.

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Duration, 2 months

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Leland Taylor Coroner, M. D.

(Address)

F 05615

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05615

CERTIFICATE OF DEATH

1195

PLACE OF DEATH Johns Hopkins Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St., 2-01 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Patricia Chamberlain

(a) Residence: No. 6 S. Castle St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

married, widowed, or divorced
(HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7/30/34

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Md -

NAME Eduard Chamberlain

BIRTHPLACE (city or town) (State or country) Md -

MAIDEN NAME Sophia Hodges

BIRTHPLACE (city or town) (State or country) Md -

INFORMANT Parents -

(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL

Place St. Thomas. Date Oct. 6, 1934

UNDERTAKER Randall Funeral Home

(Address) 300 E. Baltimore St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 3, 1934 to Oct. 12, 1934.

I last saw her alive on Oct. 12, 1934 Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-10-34
Other contributory causes of importance:	
Pharyngitis and Enteritis	10-1-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis T. P. Lowther, M. D.

(Address) Johns Hopkins Hospital

1264-9 F 05616

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05616

CERTIFICATE OF DEATH

✓ 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 3130 Virginia ave St., 77 (Ward)

of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? 70 yrs. 0 mos. 0 ds.

FULL NAME Charles Isaac Ruckle

(a) Residence: No. 3130 Virginia ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Married

(If married, widowed or divorced) HUSBAND of WIFE of Roberta Carter

DATE OF BIRTH (month, day, year) Sept 16 1864

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	0	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. C. Hunters

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 5 yrs

BIRTHPLACE (city or town) (State or country) Carnegie Pa

NAME OF FATHER Oliver Ruckle

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME OF MOTHER Margaret Rogers

BIRTHPLACE (city or town) (State or country) Washington D.C.

INFORMANT Roberta C. Ruckle

(Address) 3130 Virginia ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Oct 15 1934

UNDERTAKER Stewart & Memorial

(Address) Lexington & Eutaw

FILED ..... 19.... Registrar.

T13

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Dilatation — Date of onset 10-3-34

Other contributory causes of importance:

Valvular Disease of Heart — 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John F. Mowbray M. D.
Proper

(Address) 3932 Roland ave

F 05617

F 05617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. University Hospital St., 9-01 Ward)

(b) Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John A. Johnson

(a) Residence: No. 1924 E. 29th St. Ward. Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

(If married, widowed, or divorced)
(a) HUSBAND of
(b) WIFE of

6. DATE OF BIRTH (month, day, year) July 20, 1869

7. Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Box Co.
Date deceased last worked at this occupation (month and year) 1930 P.R.
11. Total time (years) spent in this occupation 5

9. BIRTHPLACE (city or town) (State or country) Sweden

10. NAME Nels Johnson

9. BIRTHPLACE (city or town) (State or country) Sweden

10. MAIDEN NAME Britta Karin Boors

9. BIRTHPLACE (city or town) (State or country) Sweden

12. INFORMANT Ella C. Franz
(Address) 1924 E. 29th St.

13. BURIAL, CREMATION, OR REMOVAL Oct. 15 1934
Place Schwartz & Leitzke

14. UNDERTAKER Harry A. Leitzke
(Address) 4101 Edmondson Ave

FILED Oct. 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12 - 4:AM. 1934 to Oct. 12 - 10:20 P.M. 1934.
I last saw him alive on Oct. 12 - 10:20 AM 1934 Death is said to have occurred on the date stated above, at 10:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Hypertonic Cardio Vascular Disease

Date of onset Oct. 12

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis. Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Goodbrod M. D.

(Address) University Hospital.

F 05618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

PLACE OF DEATH

OF BALTIMORE: (No. 2410 Mayfield ave ST., 9-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Rosaria Imbraguglio

RESIDENCE NO. 2410 Mayfield ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred, 2 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	widowed

widowed, or divorced

(USBAND of) WIFE of Antonio Imbraguglio

OF BIRTH (month, day, and year) Oct 28th 1853

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	11	16	

PATION OF DECEASED

Trade, profession or cular kind of work none

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

THPLACE (city or town) te or country) Italy

NAME OF FATHER Anthony Barranco

BIRTHPLACE OF FATHER (city or town) Italy

(State or country)

MAIDEN NAME OF MOTHER Maria Brocato

BIRTHPLACE OF MOTHER (city or town) Italy

(State or country)

Informant Joseph Imbraguglio

(Address) 2410 Mayfield ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 14-1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934, to Oct 14, 1934.

that I last saw her alive on Oct 13, 1934

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular heart disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. S. Stefano M. D.

Oct 14, 1934 (Address) 407 E. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer

DATE OF BURIAL 10/17 1934

20 UNDERTAKER Chas. B. Manos

ADDRESS 1100 Light St

05619 Pa. Dept. F 05619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2022 W Lanvale St., 16-01 Ward)

of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Gettel Dystiller

a) Residence: No. 2022 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

married, widowed, or divorced
(HUSBAND of
(b) WIFE of Mutil

6. DATE OF BIRTH (month, day, year) 1876

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Fiedler

(Address) 2027 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL Holan Mt Carmel Date 10/16/34 19

19. UNDERTAKER Art. Lewis Inc.

(Address) 1739 E. Baltimore

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/14/34 19

22. I HEREBY CERTIFY, That I attended deceased from July-15— 1934 to Oct-14— 1934

I last saw her alive on Oct-14— 1934 Death is said to have occurred on the date stated above, at 10 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/13/34

Other contributory causes of importance:

General senile atecio sclerosis

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Sidell M. D.

(Address) 2404 Entaw pl

F 05620

F 05620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2500 Eindwood Ave St. 13-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Jacob Brown

(a) Residence: No. 2500 Eindwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
ale	White	married

married, widowed, or divorced
(or) ~~WIFE~~ of Fanny Brown

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57 years	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pawnbroker

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) All his life | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia Poland

4. NAME Emil Brown

4. BIRTHPLACE (city or town) (State or country) Russia Poland

5. MAIDEN NAME unknown

6. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Rubin Glazer
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 10-15-34 19

UNDERTAKER Isaac Lewis Sons
(Address) 1439 E. Baltimore St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1934 to Oct 14 1934

I last saw him alive on Oct 14 1934 Death is said to have occurred on the date stated above, at 3.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	—
Coronary occlusion	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kadrn M. D.

(Address) 7306 Eutaw Place

1268-B

05621

F 05621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Md. Gen. Hosp. St., 13-01 Ward)

If not in city or town where death occurred Lorfer mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Mary Kimmerle

(a) Residence: No. 2919 Kenwick Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob L Kimmerle

DATE OF BIRTH (month, day, year) Mar. 6, 1884

Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

Date deceased last worked at this occupation (month and year) 10-3-34

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME OF FATHER Matthew Roth

BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

MAIDEN NAME OF MOTHER Eva

BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

INFORMANT Hosp. Records

(Address) Linden & Wad Ave

BURIAL, CREMATION, OR REMOVAL Woodlawn Date Oct 17, 1934

UNDERTAKER Shinnowith & Son.

(Address) 616-17 Charles Ave

FILED Oct 17 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-3 1934 to 10-14 34 1934

I last saw her alive on 10-14 1934 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows: (Malignancy of G. I. Tract.) — Date of onset

Probable Carcinoma of Stomach

Other contributory causes of importance: Acute Myocardial Failure

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Pratt M. D.

(Address) Md Gen Hosp

F 05622

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05622

46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. Union Memorial Hosp. St. 27-01 (Ward)

of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

ULL NAME Mrs. John H. Wolfe Jr.

a) Residence: No. 2415 Kenwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of Juanita

TE OF BIRTH (month, day, year) Jan 11, 1892

E Years	Months	Days	If LESS than 1 day, hrs. or min.
2	9	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland

. NAME John H Wolfe

. BIRTHPLACE (city or town) (State or country) Maryland

. MAIDEN NAME Cora Griffith

. BIRTHPLACE (city or town) (State or country) Maryland

NFORMANT Mrs. John H. Wolfe Jr.

(Address) 2415 Kenwood Ave.

URIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 16, 1934

NDERTAKER John C. Rutherford & Sons

(Address) 1424 Eutaw Place

ILED Oct 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from December, 1933 to Oct. 14, 1934.

I last saw him alive on Oct. 14 1934 Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the rectum — Date of onset Jan. 1933

Other contributory causes of importance:

Name of operation Implant. radium Date of 12-26-33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H. Conley M. D.

(Address) Union Memorial Hosp.

F 05623

F 05623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 3913 Benton Hts St. 27-24 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Benjamin Franklin Tase

(a) Residence: No. 3913 Benton Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Zida Tase

DATE OF BIRTH (month, day, year) Sept. 3, 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

Date deceased last worked at this occupation (month and year) July 33/34 | 17) Total time (years) spent in this occupation 17yrs

BIRTHPLACE (city or town) (State or country) Owings Mills Md

8. NAME OF FATHER Tase

9. BIRTHPLACE (city or town) (State or country) Hanover Penn.

10. MAIDEN NAME OF MOTHER Hannah

11. BIRTHPLACE (city or town) (State or country) Hanover Penn

12. INFORMANT Zida Tase

(Address) 3913 Benton Heights Ave

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 15th 1934

UNDERTAKER Leo J. Peck

(Address) 1723 N. Patterson Park Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30 1934 to Oct. 13 1934

I last saw him alive on Oct 12 1934 Death is said to have occurred on the date stated above, at 1245 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	Jan 34
Oesophagus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Alfred A. Bendick M. D.

(Address) 2221 E. Baltimore

F 05624

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05624

CERTIFICATE OF DEATH

✓ 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. President Hospital St., 16-21 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Delores Smith

) Residence: No. 814 Whitrait St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: le Negro

5. Single, Married, Widowed, or Divorced (write the word): Single

...arried, widowed, or divorced
...SBAND of
...) WIFE of

...E OF BIRTH (month, day, year) 1933

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
1	1 6		

...rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid

...ndustry or business in which work was done, as silk mill, saw mill, bank, etc.: Maid

...ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

...RTHPLACE (city or town) (State or country): Baltimore, Md.

...NAME Mr Record

BIRTHPLACE (city or town) (State or country): Mr Record

MAIDEN NAME Mr Record

BIRTHPLACE (city or town) (State or country): Mr Record

...FORMANT Lillian Smith

(Address) 814 whatcoat St

...URIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date Oct 15 1934

...NDERTAKER Thos. E. Kelson

(Address) 1303 Freeman st

...ILED ... Issued ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-27-34. 19 ... to 10-12-34. 19 ...

I last saw h... alive on 10-12-34. 19 ... Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) William Dick ... M. D.

(Address) President Hospital

F 05625

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05625

95.002

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ... St., 15-01 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Julia Butler

(a) Residence: No. 1728 Baker St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Black	married

(If married, widowed, or divorced) WIFE of Ernest -

DATE OF BIRTH (month, day, year) 2/10/1900

Years	Months	Days	If LESS than 1 day, hrs. or min.
34	7	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

NAME Allen Queen

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Nannie Boyer

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Johns Cemetery, Date Oct 15 1934

UNDERTAKER Thos. E. Kelson

(Address) 1303 Pressman St.

FILED ... Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept-11, 1934 to Oct-10, 1934

I last saw her alive on Oct-10, 1934 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Rheumatic Heart Disease	1932 ?
Other contributory causes of importance:	
Pulmonary Hemorrhage	April, 1933
Bronchopneumonia	10-6-34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John M. Spence, M. D.

(Address) Johns Hopkins Hospital

1268-9

626

F 05626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Maryland General Hospital St., Ward)

of residence in city or town where death occurred .... yrs. 11 mos. .... da. How long in U. S. If of foreign birth? .... yrs. .... mos. .... da.

FULL NAME Mary Cimino

(a) Residence: No. 3044 Pinewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Single

(If married, widowed, or divorced) WIFE of

DATE OF BIRTH (month, day, year) Nov. 18, 1933

Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
----	11 mo	26 days	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Frank de Cimino

BIRTHPLACE (city or town) (State or country) Italy

MAIDEN NAME Mary A Liberto

BIRTHPLACE (city or town) (State or country) Balt. Md.

INFORMANT Mrs. Frank Cimino

(Address) 3044 Pinewood ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/16/34 19

UNDERTAKER Geo. Pentz & Son

(Address) Baltimore, Md.

OCT 15 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 34 19.... to Oct 14 34 19....

I last saw her alive on Oct 14 34 19.... Death is said to have occurred on the date stated above, at 1:50 Pm.

The principal cause of death and related causes of importance were as follows:

Bilateral Otitis media with Anemia & Vomiting — Date of onset Oct 9 34

Other contributory causes of importance: Gastro Enteritis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Claude Pinquatt Dyson M. D.

(Address) Md. Gen. Hosp.

F 05627

1268-9

F 05627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH U. S. Marine Hospital

OF BALTIMORE: (No. ..... St., 1-01 Ward)

of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth 27 yrs. mos. ds.

FULL NAME Ben Janetsky

(a) Residence: No. 2021 Fleet Street, Baltimore St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

(married, widowed, or divorced WIFE of) HUSBAND of Katherine Ybwonski Janetsky

DATE OF BIRTH (month, day, year) Feb. 25, 1897

Years	Months	Days	If LESS than 1 day, hrs. or min.
37	7	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov't

Date deceased last worked at this occupation (month and year) April, 1930

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) ? Poland

FATHER'S NAME Frank Janetsky

FATHER'S BIRTHPLACE (city or town) (State or country) ? Poland

MOTHER'S MAIDEN NAME Josephine ?

MOTHER'S BIRTHPLACE (city or town) (State or country) ? Poland

INFORMANT Records, U.S. Marine Hospital

(Address) Baltimore, Md.

BURIAL, CREMATION, OR REMOVAL

Place, National Date Oct. 16 34

UNDERTAKER Fred W. Zagaewski

(Address) 1430 Eastern Ave.

FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1934, to October 12, 1934.

I last saw him alive on October 12, 1934. Death is said to have occurred on the date stated above, at 1:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Hernias, inguinal, direct, bilateral	1922
Other contributory causes of importance: Shock, postoperative	10-11-34

Name of operation Repair of hernias Date 10-10-34

What test confirmed diagnosis? Phys. exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elmer Townsend M. D.

(Address) U.S. Marine Hospital, Balto. Md.

OCT 1934

1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 05628

CERTIFICATE OF DEATH

Registered No. 122-002

PLACE OF DEATH

OF BALTIMORE: (No. Balto. City Hospital 7-01 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth 72 yrs. mos. ds.

FULL NAME Elizabeth Urbanski

(a) Residence: No. 2375 Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

(If married, widowed, or divorced) (a) WIFE of Wladyslaw Urbanski

DATE OF BIRTH (month, day, year) 6-20-1870

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME Karl Hedrick

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mary Urbanski

(Address) 2375 Wolfe St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 10/16 1934

UNDERTAKER William J. Kraekowski

(Address) 1617 Eastern Ave

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9th 1934, to Oct 12th 1934

I last saw her alive on Oct 12th 1934. Death is said to have occurred on the date stated above, at 10:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal obstruction (adhesion)	10-7-34
Other contributory causes of importance:	
Bronchopneumonia	10-10-34

Name of operation Laparotomy & release of adhesions Date of 10-11-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Groat M. D.

(Address) Balto. City Hospitals

F 05629

629)

HEALTH DEPARTMENT—CITY OF BALTIMORE.

CERTIFICATE OF DEATH X ✓ 51

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH ST. JOSEPH'S HOSPITAL St., 4-01 Ward)

(OF BALTIMORE: (No. BALTIMORE, MD.

(of residence in city or town where death occurred yrs. 6 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles H. Miller

(a) Residence: No. Glenburnie, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	white	married

(If married, widowed or divorced) (a) HUSBAND of Lillie B Miller
(b) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17 1857

7. Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. O&C

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.

10. NAME OF FATHER Not Known.

BIRTHPLACE (city or town) (State or country) Not Known

11. MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE (city or town) (State or country) Not Known

12. INFORMANT Lillie B. Miller
(Address) 6th Ave N. Glenburnie)

13. BURIAL, CREMATION, OR REMOVAL London Park. Date 10/16 '34

14. UNDERTAKER Bernard C Harle.
(Address) 1000 S Paca St.

FILED 10/13/34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from April 9 1934 to October 13 1934

I last saw him alive on October 13 1934 Death is said to have occurred on the date stated above, at 7½ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Adeno-carcinoma of prostate	
2. Skeletal and visceral metastases.	
3. Anemia-uremia and hypertension.	
4. Chronic myocarditis.	

Other contributory causes of importance:

1. Pathological fracture right hip
2. Pulmonary congestion - terminal

Name of operation Prostatectomy Date of 1-6-33

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F M Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

268-9

Home

F 05630

5630 HEALTH DEPARTMENT—CITY OF BALTIMORE

119

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. Provident Hospital St. 21-01 Ward)

of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

LL NAME Elvira Diggs

) Residence: No. 832 Carroll St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

4. Color or Race: Negro

5. Single, Married, Widowed, or Divorced (write the word): Single

married, widowed, or divorced
SHAND of
) WIFE of

E OF BIRTH (month, day, year) July 30, 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Mc Broad

. BIRTHPLACE (city or town) (State or country) Mc Broad

. MAIDEN NAME Mc Broad

. BIRTHPLACE (city or town) (State or country) Mc Broad

NFORMANT Provident Hospital

(Address)

URIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Oct 16 . 1934

NDERTAKER Joseph A Linsley

(Address) 1407 N. Mount St.

ILED . 19

OCT 15 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 10-10-34 . 19 . to 10-13-34 . 19

I last saw her alive on 10-13-34 . 19 . Death is said to have occurred on the date stated above, at 5 55 P.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Gastro-enteritis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Leigh Royster M. D.

(Address)

F 05631

F 05631

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

Registered No. .....

PLACE OF DEATH

OF BALTIMORE: (No. Hopkins Hospital St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 2 yrs. ..... mos. ..... ds.

FULL NAME Michael Minossi

(a) Residence: No 427 N. Washington St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widower

(If married, widowed, or divorced) (a) HUSBAND of (b) WIFE of Alfonso

DATE OF BIRTH (month, day, year) Dec 9/1874

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	10	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

NAME Michael Minossi

BIRTHPLACE (city or town) (State or country) Italy

MAIDEN NAME ???????

BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Lilley Delice (Daughter)

(Address) 429 N. Washington St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct 17, 1934

UNDERTAKER Martin W. E. Duppel

(Address) 37 S. Carey St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion (Cardiac	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) 508 E. Lombard

265-9

05632 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05632

161-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 325 N. Schroeder St., 18-01 Ward)

If residence is city or town where death occurred, yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Girl Harris

(a) Residence: No. 325 N. Schroeder St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
C	Single

(a) Married, widowed, or divorced
(b) HUSBAND of
(c) WIFE of

DATE OF BIRTH (month, day, year) Oct 13-34

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1/2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... do

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto - Md

FATHER'S NAME James Harris

BIRTHPLACE (city or town) (State or country) Balto - Md

MAIDEN NAME Frances H. Copeland

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mr J. Harris

(Address) 325 N. Schroeder St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct. 15, 1934

UNDERTAKER Mrs Kate R Williams

(Address) 322 N Schroeder Ste.

FILED ... 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Eugene Gilbert M. D. Coroner

(Address) 2739 Eastern Ave

268-9

E 05633

HEALTH DEPARTMENT—CITY OF BALTIMORE

33

93-003

CERTIFICATE OF DEATH

Registered No.

ACE OF DEATH

OF BALTIMORE: (No. 315 Augusta Ave 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME George M. Napfel

) Residence: No. 315 Augusta Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le White	Married

arried, widowed, or divorced)
SBAND
) WIFE housewife Heigmueller

E OF BIRTH (month, day, year) Dec 8- 1879

Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacture

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oils

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town and State or country) Balto. Md.

NAME John Napfel

IRTHPLACE (city or town and State or country) Balto. Md.

MAIDEN NAME Mary Koestner

BIRTHPLACE (city or town and State or country) Balto Md.

FORMANT Louise Napfel

(Address) 315 Augusta Ave

URIAL, CREMATION, OR REMOVAL Cathedral Dec 16- 34

Place Date

NDERTAKER Margaret E. Flynn

(Address) 707 N. Milton Ave

ED 51934 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1933 to Oct. 13 1934

I last saw h[illegible]live on Oct. 13 1934 Death is said to have occurred on the date stated above, at 8.30 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Clots	1927
Arteriosclerosis Hypertension	1927
Coronary Thrombosis	Sept 1933
Other contributory causes of importance:	
Obesity	Sept 1934

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W Johnson M. D.

(Address) 3432 Frederick

1268-9

F 05634

34

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Baltimore City Hospitals St., No. Ward)

of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Sample

(a) Residence: No. None St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Widowed

Married, widowed, or divorced
(HUSBAND of
(a) WIFE of >

DATE OF BIRTH (month, day, year) Aug 18 1887

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	1	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

NAME Charles J Sample

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Mary Savage

BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Interred Md. Date Oct 13 19 34

UNDERTAKER

(Address)

Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1928 to Oct 9, 1934

I last saw her alive on Oct 9, 1934 Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis of the Central nervous system	5 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I Phagel, M. D.

(Address) Balt. City Hosp.

F 05635

68-9

0563[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 337 W Preston St. 14-01 Ward)

residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

L NAME John Ligon

Residence: No. 337 W. Preston St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race: Col'd

5. Single, Married, Widowed or Divorced (write the word): Married

rried, widowed, or divorced) RAND of WIFE of: Lottie Ligon

OF BIRTH (month, day, year): June 1-1890

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	4	11	

nde, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc.: Laborer

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

te deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country): Greenville S.C.

AME: Louis Ligon

IRTHPLACE (city or town) (State or country): S. C.

AIDEN NAME: Unknown

IRTHPLACE (city or town) (State or country): S.C.

ORMANT: Lottie Ligon

Address): 337 W. Preston

RIAL, CREMATION, OR REMOVAL: Date 10/15/34

ace: W.L. Cobey

DERTAKER: Mrs. Louise H. Hollon

Address): 1631 Druid Hill Ave

ED: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 12th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... Surgery

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... (m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of ..... Was there an autopsy? No

What test confirmed diagnosis? Regular

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Kuck, M. D. Coroner

(Address) Coroner

1268-9

E 05636

3683 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

OF BALTIMORE: (No. ..... St., 7-01 Ward)

of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Steven Amend

(a) Residence: No. North Point Rd St., Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

(a) Married, widowed, or divorced HUSBAND of (b) WIFE of

DATE OF BIRTH (month, day, year) 11-16-1933

Years	Months	Days	If LESS than 1 day, hrs. or min.
1			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Child

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

FATHER'S NAME John Amond

FATHER'S BIRTHPLACE (city or town) (State or country) md

MAIDEN NAME OF MOTHER Josephine Black

MOTHER'S BIRTHPLACE (city or town) (State or country) Records

INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Oct 16 1934

UNDERTAKER Tilley & Zeltz Inc

(Address) 403 S Wolfe St.

Filed Oct 17 1934 (Registrar)

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934, to Oct 14, 1934.

I last saw him alive on Oct 14, 1934. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	10-8-34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

F 05637 ✓ F 05637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 1212 E. Baltimore St., 8-01 Ward)

(b) Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William J. Chester

(a) Residence: No. 1212 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annabel Chester

DATE OF BIRTH (month, day, year) Oct 22 1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
56	—	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamfitter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamfitting

Date deceased last worked at this occupation (month and year) 8-34 | 15. Total time (years) spent in this occupation 0.6

BIRTHPLACE (city or town) (State or country) Lawrence, Mass.

NAME OF FATHER William Chester

BIRTHPLACE (city or town) (State or country) Lawrence, Mass.

MAIDEN NAME OF MOTHER Ann Rice

BIRTHPLACE (city or town) (State or country) Lawrence, Mass.

INFORMANT Mrs. Annabel Chester

(Address) 1212 E. Baltimore St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10 16 1934

UNDERTAKER J. Wilson Leppert & Son

(Address) 1212 E. Baltimore St.

FILED 10-16-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13-1934

22. I HEREBY CERTIFY, That I attended deceased from 9-26-1933 to 10-13-1934

I last saw him alive on 10-13-1934 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic endocarditis	Sept 1933
with decompensation	
Other contributory causes of importance:	
Bronchial Pneumonia	?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violenre) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Lawrence A. Dena M. D.

(Address) 1009 Annapolis Blvd

1268-9

F 05638

HEALTH DEPARTMENT—CITY OF BALTIMORE

638

CERTIFICATE OF DEATH

115-001

PLACE OF DEATH

OF BALTIMORE: (No. West Balto. Gen. Hosp. St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Mr Charles A. Sohl

(a) Residence: No. 729 W. Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of ?

7. DATE OF BIRTH (month, day, year) Aug 20 - 1876

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	1	23	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Off

Date deceased last worked at this occupation (month and year) 9-31-34

11. Total time (years) spent in this occupation ?

10. BIRTHPLACE (city or town) Balto Md
(State or country)

12. NAME OF FATHER Mr John Sohl

13. BIRTHPLACE (city or town) germany
(State or country)

15. MAIDEN NAME OF MOTHER ?

16. BIRTHPLACE (city or town) germany
(State or country)

17. INFORMANT Mrs Myers
(Address) 729 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 16 1934

19. UNDERTAKER Margaret F. Flynn
(Address) 1422 Light St.

Funeral Director or Undertaker

20. Date Received 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-1 . 1934 to 10-13-34 . 19....

I last saw him alive on 3.35 PM . 1934 Death is said to have occurred on the date stated above, at 3.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Other contributory causes of importance: Septic Sore Throat. Anuria	

Name of operation Incision Abscess Date of 10-1-34

What test confirmed diagnosis? Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin M. D.

(Address) W.B. & H

S 24-14—M. & T.—2000 Blks.

639

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05639

CERTIFICATE OF DEATH.

107-001

1-PLACE OF DEATH
OF BALTIMORE (No. 2917 Christopher ave ST.; 9-01 WARD)
REGISTERED NO. C

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Sarah Elizabeth Payne

(Usual residence in Baltimore: No. 2917 Christopher Ave St.; ... yrs. ... mos. ... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3- Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.)

6-DATE OF BIRTH, July (Month) 13 (Day), 1855 (Year)

7- 79 yrs. 3 mos. 2 ds.

If LESS than 1 day, ... hrs. or ... min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work Housework (b) General nature of industry, business, or establishment in which employed (or employer) ...

9-BIRTHPLACE, (State or Country), Md

10-NAME OF FATHER, Unknown

11-BIRTHPLACE OF FATHER (State or Country), Md.

12-MAIDEN NAME OF MOTHER Jane Powell

13-BIRTHPLACE OF MOTHER (State or Country), Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Alvin M. Payne

(Address) 418 E. Lorraine Ave.

Oct 15 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, Oct (Month) 15 (Day), 1934 (Year)

17- I HEREBY CERTIFY, That I attended deceased from Aug 21 1934, to Oct 15 1934, that I saw her alive on Oct 14 1934, and that death occurred, on the date stated above, at 7:15 a. m.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) ... yrs. ... mos. 8 ds.

CONTRIBUTORY (Secondary) General Debility

(Duration) ... yrs. 1 mos. ... ds.

(Signed) N. E. Reese M. D.

Oct 15, 1934 (Address) 301 N. Patterson Pk

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19-PLACE OF BURIAL OR REMOVAL, Brookfield Md. DATE OF BURIAL, Oct. 17, 1934

20-UNDERTAKER Bro. W. P. Graves ADDRESS Sharptown Md

1268-P

✓ F 05640

640 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 503 Washburn Ave St. 25-01 Ward)

of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

ULL NAME Elizabeth Hogan

a) Residence: No. 503 Washburn Ave. Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed or divorced
USBAND of
r) WIFE of John W. Hogan

E OF BIRTH (month, day, year) March 4th 1848

Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
86	7	10 11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Maryland

. NAME Lorenzo Imhoff

. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Mrs. E. T. Upton

(Address) 503 Washburn Ave, Brooklyn

BURIAL, CREMATION, OR REMOVAL

Place Ulla Cemetery Date 10/15 1934

UNDERTAKER Easton Sons

(Address) Huntington (Entrance, N.Y.

Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from March 16th 1934 to Oct 15 1934

I last saw her alive on Oct 14th 1934 Death is said to have occurred on the date stated above, at 12.30 pm

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic

Senility

Date of onset

Other contributory causes of importance:

Senility

Name of operation none Date of ✓

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19....

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Robert Wahnsen M. D.

(Address) 3564 Hanover St

F 05641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 152

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH St. Agnes Hospital

OF BALTIMORE: (No.) Wilkens & Caton Aves Street (or Ward) 25-01

If not in hospital or institution, give residence. How long in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Barbara Tillman

(a) Residence: No. 1502 De Soto Rd Street, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Fmale	White	Married

Married, widowed or divorced — HUSBAND of / WIFE of Jams Tillman

DATE OF BIRTH (month, day, year) Nov 13 1886

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4 10	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Balt. Md (State or country)

NAME John G. Luber

BIRTHPLACE (city or town) Germany (State or country)

MAIDEN NAME Kunigunda Karg

BIRTHPLACE (city or town) Germany (State or country)

INFORMANT Kunigunder Luber

(Address) 1502 De Soto Rd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 16 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 10-15-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1934, to Oct 12, 1934

I last saw h alive on Oct 12, 1934 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected wound	10/5
Lymphangitis	10/6
Cellulitis	10/9
Other contributory causes of importance: Septicemia	10/11

Name of operation Incision & Drainage Date of 10/12

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James F Kunigunder, M. D.

(Address) 721 Madison Ave

F 05642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

PLACE OF DEATH University Hospital

OF BALTIMORE: (No. Greene & Lombard St. 13-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If not in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William C. Bell

(a) Residence: No. 2525 Francis St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
	White	Married

~~Married, Widowed, or Divorced~~ WIFE of HUSBAND of Anna M. Bell

DATE OF BIRTH (month, day, year) April 24th 1885

Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce

Date deceased last worked at this occupation (month, and year) May 1934

11. Total time (years) spent in this occupation 20

BIRTHPLACE (city or town) (State or country) Balto Md.

NAME OF FATHER George W. C. Bell

BIRTHPLACE (city or town) (State or country) Balto Md.

MAIDEN NAME OF MOTHER Mary A. McGuire

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mary A. Leary

(Address) 1133 McKean Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 16th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-5-34, 19 . to 10-13-34, 19 .

I last saw him alive on 10-13, 1934 Death is said to have occurred on the date stated above, at 2.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell Carcinoma, R. lower jaw	?
Cancrum oris	
Secondary Anemia	

Other contributory causes of importance:

Name of operation Gastrostomy Date of 10-11-34

What test confirmed diagnosis? Pathologist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Fearing, M. D.

(Address) University Hospital

68-B 05643

F 05643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
OF BALTIMORE: (No. W. Balto Hosp St., 28-01 Ward)

If residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louisa Collins

Residence: No. 5329 Reisterstown Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color [illegible] White
5. Single, Married, Widowed or Divorced (write the word) Married

If married, widowed, or divorced
HUSBAND of Howard Collins
WIFE of

DATE OF BIRTH (month, day, year) May 6 1864

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7 6	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME OF FATHER John E. Ketchie

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME OF MOTHER Anna Bicks

BIRTHPLACE (city or town) (State or country) Balto City Md.

INFORMANT Howard Collins
(Address) 5329 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Oct 18th 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Filed Oct 19th 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	
Bilateral Colles Fracture	
Laceration Nose & Chest	

Other contributory causes of importance:

Fell out Window

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 3 1934

Where did injury occur? 5329 Reisterstown Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell out Window

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A. E. Lusk M. D.
Coroner

(Address) Bromo

05644 F 05644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 105 W. Lanvale St., 11-01 Ward)

of residence in city or town where death occurred About 65 yrs. --mos. --ds. How long in U. S. If of foreign birth? --yrs. --mos. --ds.

LL NAME Mary McDonnell

) Residence: No. 105 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

arried, widowed, or divorced
SBAND of ---
) WIFE of

OF BIRTH (month, day, year) ---

Years	Months	Days	If LESS than 1 day, hrs. or min.
About 65	---	---	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

ndustry or business in which work was done, as silk mill, saw mill, bank, etc

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Baltimore
State or country) Maryland

NAME James McDonnell

BIRTHPLACE (city or town) ---
(State or country) Ireland

MAIDEN NAME Ellen Kinsella

BIRTHPLACE (city or town) ---
(State or country) Ireland

FORMANT Miss Susan F. McDonnell
(Address) 105 W. Lanvale Street

RIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 10/17 19 34

NDERTAKER Henry A. Meary & Son
(Address) 320 Cathedral St

[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct- 15 , 1934

22. I HEREBY CERTIFY, That I attended deceased from , 1931 , to Oct- 15 , 1934

I last saw h[illegible] alive on Oct- 14 , 1934. Death is said to have occurred on the date stated above, at 1 35 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colitis Arterio-Sclerosis	1931 1931
Other contributory causes of importance: Cerebral Hemorrhage	10.10.34

Name of operation ✓ Date of ✓

What test confirmed diagnosis? P-E- Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ , 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph S. Bishop , M. D.

(Address) 122-25th St

F 05645 ✓ F 05645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

PLACE OF DEATH 3rd Division Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. St., 11-61 Ward)

If residence in city or town where death occurred 67 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Florence Kircher (Emma F. Kircher)

Residence: No. 906 N. Calvert St., Balto. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

If married, widowed, or divorced
HUSBAND of
or WIFE of

DATE OF BIRTH (month, day, year) Oct. 27, 1866

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME William H. Kircher

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MAIDEN NAME Margaret A. Fahey

BIRTHPLACE (city or town) (State or country) ------- Maryland

INFORMANT Miss M. Regina Kircher

(Address) 906 N. Calvert Street

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 10/18 1934

UNDERTAKER Henry Von Meister & Son

(Address) 804 N. Calvert Street

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-11 1934 to 10-14 1934

I last saw her alive on 10-14 1934 Death is said to have occurred on the date stated above, at 2A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Coronary Thrombosis	?
Diabetes Mellitus	?
Nephritis	?
Abscess	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel L. Shanahan M. D.

(Address) 3rd Division Hospital

F 05646

F 05646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. St.) 17-01 Ward)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Parsons

(a) Residence: (No. 922 Little Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
black	child

(If married, widowed, or divorced) (HUSBAND of (or) WIFE of)

6. DATE OF BIRTH (month, day, year) July 5, 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Maryland

9. NAME OF FATHER Lassen Powell

10. BIRTHPLACE (city or town) (State or country) Md.

11. MAIDEN NAME OF MOTHER Gertrude Parsons

12. BIRTHPLACE (city or town) (State or country) Md.

13. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

14. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Oct 14 1934

15. UNDERTAKER Clay Wilson
(Address) 1100 E Fairmount Ave.

16. FILED 10 13 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29 1934 to Oct 13 1934.

I last saw him alive on Oct 13 1934. Death is said to have occurred on the date stated above, at 2.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Icterus gravis neonatorum	3 mos.
2) Anemia	"
3) Prematurity	

Other contributory causes of importance: Rickets 2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schweitzer M. D.

(Address) Johns Hopkins Hospital

F 05647

F 05647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 3427 Belair Road 26-01 Ward)

of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Miss Emilie R. Erdmann

) Residence: No. 3427 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

arried, widowed, or divorced
SBAND of
) WIFE of William C. Erdmann

E OF BIRTH (month, day, year) Feb 23, 1860

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	21	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 031

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) Reading, Pa.
State or country)

NAME John Barth

BIRTHPLACE (city or town) Germany.
(State or country)

MAIDEN NAME Josephine Boster

BIRTHPLACE (city or town) Germany.
(State or country)

FORMANT Miss Tissie Erdmann
(Address) 3427 Belair Road

RIAL CREMATION, REMOVAL
Place Druid Hill Cem. Date Oct 17, 1934

NDERTAKER Frank A. Fink
(Address) 915 N. Carey St.

LED Oct 16 1934 Mrs. I. M. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 29 to Oct 14, 1934

I last saw her alive on Oct 14, 1934 Death is said to have occurred on the date stated above, at 8 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	7/34
Uremic convulsions	7/34

Other contributory causes of importance:

Diabetes Mellitus	1928
Cardiac failure	10/14/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Blood urea Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Raymond Petrea, M. D.

(Address) 1908 W. Lexington St.

05648 E 05648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No.) 568 Gold St. 14-01 (Ward)

residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Bertha Jackson

L NAME .....

Residence: No. 568 Gold St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
d	Col	Widow

ried, widowed, of (Name)
BAND of
WIFE of Wm Jackson

OF BIRTH (month, day, year) Dec 7-1880

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	10	6	

de, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Domestic

dustry or business in which work was done, as silk mill, law mill, bank, etc. 010

te deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Balto Md.
tate or country)

AME Wm Fisher

IRTHPLACE (city or town) Balto Md
(State or country)

MAIDEN NAME Phoebe Slaubey

IRTHPLACE (city or town) Cambridge Md
(State or country)

ORMANT Wm Wheatley
Address) 418 N. Carrollton Ave

RIAL, CREMATION, OR REMOVAL

ace Mt Auburn Cemetery Date Oct 16 1934

DERTAKER Chas E Kelson
Address) 1303 Pennsylvania Ave

ED Oct 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Endocarditis	
Sudden	

Other contributory causes of importance: Chronic Rheumatism

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Glick M. D.
Coroner

(Address) Brooklyn

F 05649

F 05649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE (No. 2715 Louise Ave St. 27-01 Ward)

f residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

LL NAME John A. Lanahan

Residence: No. 2715 Louise Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

rried, widowed, or divorced
SBAND of
WIFE of Eva Lanahan

E OF BIRTH (month, day, year) Oct. 25 1855

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	18	

ade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

te deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Balto. Md.

NAME John Lanahan

BIRTHPLACE (City or town) (State or country) Balto Md

MAIDEN NAME Catherine Britt

BIRTHPLACE (city or town) (State or country) Balto. Md.

FORMANT (Address) Eva Lanahan 2715 Louise Ave

RIAL, CREMATION, OR REMOVAL

e Cathedral Mar 10/16/34, 19

NDERTAKER Leonard Flinck

(Address) 5305 Harford Rd.

LED. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/13/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to 10/13, 1934

I last saw h alive on 10/13, 1934 Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Ryan Colby M. D.

(Address) 5103 Harford Rd

✓ F 65650

65650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

F BALTIMORE: (No. University Hospital St. 22-01 Ward)

f residence in city or town where death occurred. 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Kanatuz Evanofsky

Residence: No. 410 S. Paca St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, (Widowed, or Divorced (write the word)
	W	Single

rried, widowed, or divorced
HUSBAND of
WIFE of

OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

ade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Lithuania

NAME

BIRTHPLACE (city or town) (State or country) Lithuania

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT John J. Blauskas
Address) 423 S. Paca St.

RIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date Oct. 17, 1934

NDERTAKER John J. Blauskas
Address) 423 S. Paca St.

ED Oct 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Zeller, M. D. Coroner

(Address) 739 Eastern Ave.

5651 E 05651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 1319 Argyle ave St., 17 Ward)

of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

LL NAME Sarah D. Dashields

) Residence: No. 1319 Argyle ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
de	Col.	widow

arried, widowed, or divorced
SBAND of
) WIFE of Simil Dashields

E OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
70			

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

NAME John Winder

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Elizabeth Jones

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Marie Houston

(Address) 1317 Argyle ave

URIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct. 17, 1934

NDERTAKER Mrs Kate L. Williams

(Address) 222 N. Schroeder St.

FILED Oct 16 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 - 1934 to Oct 14 - 1934

I last saw h[illegible] alive on Oct 13 - 1934 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis 10 yrs.	
Cerebral hemorrhage	10/12/34
Other contributory causes of importance:	
Cerebral hemorrhage	2/6/34

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas J. Keller M. D.

(Address) 222 W. Monument St.

05652 F 05652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO. C

1-PLACE OF DEATH
OF BALTIMORE: (No. 1622 McCulloh ST. 14-01 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Jeimiz Cox

Residence in Baltimore: No. 1622 McCulloh St.; 4 yrs., mos., ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female
4-COLOR OR RACE: Colored
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Single

6-DATE OF BIRTH: March 28, 1913 (Month) (Day) (Year)

7-AGE: 21 yrs. 6 mos. 14 ds.
If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION: (a) Trade, profession, or particular kind of work: Maid
(b) General nature of industry, business, or establishment in which employed (or employer): No

9-BIRTHPLACE (State or Country): Maryland

10-NAME OF FATHER: Barnard Cox

11-BIRTHPLACE OF FATHER (State or Country): Virginia

12-MAIDEN NAME OF MOTHER: Martha Green

13-BIRTHPLACE OF MOTHER (State or Country): Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Barnard Cox

(Address) 1622 McCulloh St.

d....., 191.... Registrar.

10 1934

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, October 12, 1934 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from Sept- 20 1934, to October 12 1934, that I saw her alive on October 12 1934, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) ....yrs. ....mos. 20 ds.

CONTRIBUTORY (Secondary)

(Duration) ....yrs. ....mos. ....ds.

(Signed) T. E. Daugherty M. D.

Oct. 13, 1934 (Address) 1602 Pulaski Ave.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19-PLACE OF BURIAL OR REMOVAL, Mt. Auburn

DATE OF BURIAL, Oct. 16, 1934

20-UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

05653 ✓ F 05653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

43

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 5701 Ridgedale Rd. 27-61 (Ward)

If residence in city or town where death occurred: 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph Bernier

Residence: No. 5701 Ridgedale Rd. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

If married, widowed or divorced HUSBAND of WIFE of Florence Rogan Bernier

DATE OF BIRTH (month, day, year) Aug 14 1880

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	2	0	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Business

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER John T. Bernier

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME OF MOTHER Ann Humphreys

BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs Jos. Bernier

(Address) 5701 Ridgedale Rd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 16 19 34

UNDERTAKER Wm J Tuckner & Bro

(Address) North & Penna Ave

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14. 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar ... 19 ... to Oct 14 ... 19 34 ... that I saw him alive on Oct 18 ... 19 34 Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Monilia	20 yr

Other contributory causes of importance:

Asphyxia

Name of operation — Date of —

What test confirmed diagnosis? Spinal puncture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) W. H. Smith M. D.

(Address) 3429 Chestnut Ave

F 05654

654 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (a) Franklin Square Hospital (Ward)

residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Melvin S Rosenfort

Residence: No. 205 So Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

ried, widowed, or divorced
BAND of
WIFE of

OF BIRTH (month, day, year) August 14 - 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
	7		

de, profession, or particular kind of work done, as spinner, wyer, bookkeeper, etc. Infant

ustry or business in which ork was done, as silk mill, w mill, bank, etc.

e deceased last worked at is occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) Baltimore
te or country)

AME William S Rosenfort

IRTHPLACE (city or town) Maryland
(State or country)

AIDEN NAME Rosa Bryan

IRTHPLACE (city or town) Maryland
(State or country)

RMANT William S Rosenfort
ddress) 205 So Woodyear St.

IAL, CREMATION OR REMOVAL
ce Mt Olivet Date October 17th 1934

DERTAKER Harry H. Hatch Funeral Home
ddress)

D 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro-Enteritis	October 12-34

Other contributory causes of importance:

None

Name of operation None Date

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Woodyear

0—M. & T.—250 Blks.

F 05655

F 05655

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-00v

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

BALTIMORE: (No. 1838 N. Franklin St. ST. 20-01 WARD)

FULL NAME George Wm. Leer.

RESIDENCE NO. 1838 N. Franklin St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

residence in city or town where death occurred 77 yrs. 1 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	Single

rried, widowed, or divorced
SBAND of
WIFE of ----------

OF BIRTH (month, day, and year) September 12, 1857

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	3	

PATION OF DECEASED

Trade, profession or cular kind of work None.

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

THPLACE (city or town) Baltimore, Md.
te or country)

NAME OF FATHER John H. Leer.

BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

MAIDEN NAME OF Catherine Wesselmann.

BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

Informant Mary C. Leer. (sister)
Address 1838 N. Franklin St.

Filed OCT 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) October 15, 1934

17 I HEREBY CERTIFY, That I attended deceased from July 17th. 1934 to October 15th. 1934.

that I last saw h i alive on October 14th. 1934

and that death occurred, on the date stated above, at 1.20 a. m.

The CAUSE OF DEATH* was as follows:

Organic disease of the Heart & Kidneys.

(duration) 2 yrs. mos ds.

Uraemia

CONTRIBUTORY (Secondary)

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? Yes.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical diagnosis

(Signed) Otto M. Reinhardt M. D.

10/15/34 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem.

DATE OF BURIAL Oct 17 1934

UNDERTAKER Chas. Wm. John W. Geufel & Son

ADDRESS 801 W. Fayette

F 05656 ✓ F 05656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. West Balto. Street Hospital Ward)

of residence in city or town where death occurred 44 yrs mos da. How long in U. S. If of foreign birth? yrs mos da.

FULL NAME Mrs. Mary Engelmeyer

(a) Residence: No. 1227 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	married

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Charles Engelmeyer

DATE OF BIRTH (month, day, year) Aug 2, 1890

Years	Months	Days	If LESS than 1 day, hrs. or min.
44	2	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

Date deceased last worked at this occupation (month and year) Present

11. Total time (years) spent in this occupation 16 yr.

BIRTHPLACE (city or town) (State or country) ~~West Balto Md~~ Baltimore Md

NAME OF FATHER William H. Smith

BIRTHPLACE (city or town) (State or country) New York

MAIDEN NAME OF MOTHER Emily Bowyer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Charles Chas L. M. Engelmeyer

(Address) 1227 E. Eager St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Oct 19 1937

UNDERTAKER Henry Hoech & Sons

(Address) 1301 E. Eager St.

FILED Oct 19 1937 Registrar

~~Oct 19 1936~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1937 to Oct 17, 1937

I last saw he alive on Oct 14, 1937 Death is said to have occurred on the date stated above, at 2 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	
Shock (Post-Operative)	

Other contributory causes of importance:

Name of operation Pelvic Laparotomy Date of 10/14/37

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Leon Ashman M. D.

(Address) West Balto. Hosp. Baltimore

F 5657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH: (No.) Dead on Arrival at Hopkins Hospital St., 6-01 Ward)

IF OF BALTIMORE: (No. ..... St., ... Ward)

If residence in city or town where death occurred ?? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Joseph Washington

Residence: No. 411 N, Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
black	single

Married, widowed, or divorced
HUSBAND of
WIFE of

DATE OF BIRTH (month, day, year) 1913

Years	Months	Days	If LESS than 1 day, hrs. or min.
21			

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

NAME Joseph Washington

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Elizabeth Flemings

BIRTHPLACE (city or town) (State or country) Md

RESIDENT Florence E. Lane
(Address) 1633 McElderry St

BURIAL, CREMATION, OR REMOVAL Salisbury Parker Date Oct. 16 1934

UNDERTAKER Edward Bryan
(Address) 1631 Orleans St.

DATE Oct 16, 1934 Funeral Home, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2. A.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage due to pistol shot of liver.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? homicide Date of injury Oct 11

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in street-McElderry & Dallas

Manner of injury Shot while resisting a

Nature of injury policeman.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 508 E Monument

268-9

658 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

F 05658

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 1631 Orleans St., 5-01 Ward)

f residence in city or town where death occurred.. yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

Josiah Stanley

LL NAME .....

Residence: No. 1237 Jefferson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	black	married

rried, widowed, or divorced RAND of WIFE of: Louisa

OF BIRTH (month, day, year): 1886

Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
48			

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc.: Laborer

dustry or business in which work was done, as silk mill, aw mill, bank, etc.:

e deceased last worked at this occupation (month and ear):

11. Total time (years) spent in this occupation:

RPLACE (city or town) ate or country): Cambridge, Md.

AME: Joseph Stanley

IRTHPLACE (city or town) (State or country): Cambridge, Md.

AIDEN NAME: Jane Johnson

IRTHPLACE (city or town) (State or country): Cambridge, Md

RMANT ddress): James Stanley 1239 Jefferson St

IAL, CREMATION, OR REMOVAL ce: Asbury P/C Date Oct. 16 34

DERTAKER ddress): Edward Bryan 1631 Orleans St

ED 19 .. Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at 8. P.M. m.

The principal cause of death and related causes of importance were as follows:

Probably Myocardial Insufficiency

Type undetermined.

Duration

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Bacon M. D.

(Address) 508 E. Fayette St Coroner

1263-9

F 05659

539 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-01

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 147 N. High St., 5-01 Ward)

of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

FULL NAME Clara Levitsky

) Residence: No. 147 N. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Widow

Married, widowed, or divorced
HUSBAND of
) WIFE of Charles A. Levitsky

DATE OF BIRTH (month, day, year) 1864

Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

Trade, profession, or particular kind of work done, as mother, sawyer, bookkeeper, etc. Home Wife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Bere Gephart

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Iverson

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Becke Sweger

(Address) 4033 Park Heights

BURIAL, CREMATION, OR REMOVAL

Place Levy Ken Date 10-16-34

UNDERTAKER Levi Levy Inc

(Address) 1934 E. Baltimore St.

OCT 16 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/34. 19

22. I HEREBY CERTIFY, That I attended deceased from May 20 / 1934 to 10/15/34 19

I last saw her alive on 10/15/34 19 Death is said to have occurred on the date stated above, at 4:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	20 yrs.
Syphilis	
Chronic Endocarditis	
(Mitral Stenosis)	
Other contributory causes of importance: Arteriosclerotic Gangrene Both legs	6 mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M B Levin M. D.

(Address) 211 W. Monument St

F 05660

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

PLACE OF DEATH Hebrew Home for Aged & Infirm — Registered No. ...

OR BALTIMORE: (No. Belvedere & Greenspring ave) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Usual residence in city or town where death occurred: ... yrs. 4D mos. ... ds. How long in U. S. If of foreign birth? 4D yrs. ... mos. ... ds.

FULL NAME Hannah London

(a) Residence: No. Levindale St.. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Widow

Married, widowed, or divorced
HUSBAND of
(or) WIFE of Widow

DATE OF BIRTH (month, day, year) 1854

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Unknown

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country)

INTERMENT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Wash Rd Date 10-16-34 19

UNDERTAKER Isaac Levin Sons

(Address) 1439 E. Baltimore St.

FILED OCT 16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15/34. 19

22. I HEREBY CERTIFY, That I attended deceased from August 1st 1934 to October 15. 1934

I last saw her alive on October 15. 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. cardio vascular disease	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Chr. Bronchitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H Edmund Levin M. D.

(Address) Levindale

Pikesville, Md.

F 05661

5661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 2235 E. Balto St. St., 1-01 Ward)

f residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

LL NAME Isaac Levin

) Residence: No. 2235 E Balto St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widower

nried, widowed, or divorced
SBAND of
WIFE of Fagen

OF BIRTH (month, day, year) 1860

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

de, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) State or country) Russia

NAME Not Known

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Not Known

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Harry Levin
Address) 2016 Whitelock

RIAL, CREMATION, OR REMOVAL

Andrew Herring Rym Date 10/16/34

NDERTAKER Jack Levin Inc
(Address) 1451 E. Baltimore St

Washington Funeral Home, Inc.

10 16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-15- 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-12- 1934 to Oct-15- 1934

I last saw h alive on Oct-15- 1934 Death is said to have occurred on the date stated above, at 8 10 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 10/15/34

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Herman Sridel, M. D.

(Address) 2404 Entaw Pl

05662 F 05662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. City Hospital St. 6-01 Ward)

residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

L NAME Henry Williams

Residence: No. 13 N. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	Colored	Single

ried, widowed, or divorced
HAND of
WIFE of

OF BIRTH (month, day, year) 2/

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50			

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Laborer

ustry or business in which work was done, as silk mill, aw mill, bank, etc 040

te deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) Unknown
ate or country)

AME Unknown

IRTHPLACE (city or town) Unknown
(State or country)

AIDEN NAME Unknown

IRTHPLACE (city or town) Unknown
(State or country)

ORMANT .....
Address)

IAL, CREMATION, OR REMOVAL
ce University of Md Date Oct 16, 1934

DERTAKER Commissioner Health
Address)

D 1934 ... Mar ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S Ostrzoga M D M. D.
Coroner

(Address) 1305 N Patterson Park

F 05663

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05663

J45

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. Balto City Hospt 21-c Ward)

f residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Joseph Matthews

Residence: No. 1307 Bayard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le Black	widowed

ried, widowed, or divorced) BAND of WIFE of Hattie Matthews

OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	7	25	

ade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

dustry or business in which work was done, as silk mill, saw mill, bank, etc. ?

te deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

THPLACE (city or town) Baltimore, Md
State or country)

NAME Joseph Matthews

IRTHPLACE (city or town) Balto - Md
(State or country)

MAIDEN NAME Mary Powell

IRTHPLACE (city or town) (?) Virginia
(State or country)

ORMANT Balto City Hospt
Address) Records

RIAL, CREMATION, OR REMOVAL

ace University of Md Date Oct 16 19 34

DERTAKER [illegible]
Address)

D 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-11-1934

22. I HEREBY CERTIFY, That I attended deceased from 6-7-34, 19 .. to 10-11-34, 19 .. I last saw him alive on 10-10-34 19 .. Death is said to have occurred on the date stated above, at .. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma mammilla	?
Other contributory causes of importance: Malnutrition	?
Secondary Anemia	?

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Grant M. D.

(Address) Balto City Hospt

F 05664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. Hopkins Hospital St. 7-E Ward)

residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

L NAME Jane Elizabeth Gardener

Residence: No. 405 Eudowood Ave, Towson, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	black	single

ried, widowed, or divorced
BAND of
WIFE of

OF BIRTH (month, day, year) Sep 27/34

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		17	

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. None

ustry or business in which work was done, as silk mill, aw mill, bank, etc.

te deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) Near Towson, Md.
ate or country)

AME Thos. W. Gardner

IRTHPLACE (city or town) Sparks, Md.
(State or country)

AIDEN NAME Emma J. Johnson

IRTHPLACE (city or town) Baltimore, Md.
(State or country)

RMANT Emma J. Gardner
ddress) 405 Eudowood Ave, Towson, Md

IAL, CREMATION, OR REMOVAL
ce Pleasant Rest Towson State 10-16 1934

DERTAKER Byron & Francis K Knight
ddress) 111 W. Edmond

D. ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia ?? (Lower left lobe)	

Other contributory causes of importance:

Tumor of rt adrenal & hyperplasia of thymus (Probably congenital, prematurity)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joel Wyes, M. D.
Coroner

(Address) 1086 Druid

268-9 F 05665

243

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05665

119

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

OF BALTIMORE: (No. ..... St., 8-01 Ward)

Usual residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Sarah McGinnis

(a) Residence: No. 2006 E Hoffman St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	

(If married, widowed, or divorced) HUSBAND of / WIFE of

DATE OF BIRTH (month, day, year) 1/23/34

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

FATHER'S NAME Henry McGinnis

FATHER'S BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME OF MOTHER Sarah Weber

MOTHER'S BIRTHPLACE (city or town) (State or country) Md

INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 18 1934

UNDERTAKER Clinton T. Conklin

(Address) 324 E Baltimore St

FILED Oct 18 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-7 1934 to Oct-15 1934

I last saw her alive on Oct-15 1934. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea & enteritis	Sept 14
Other contributory causes of importance: Bronchopneumonia	Oct 10,

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. C. Stiles, Jr. M. D.

(Address) Johns Hopkins Hospital

F 05666

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05666

CERTIFICATE OF DEATH

1108

Registered No. ....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4527 Glenmore Ave. St., 26-01 Ward)

If not in place of residence in city or town where death occurred ..... yrs. LIFE mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Nellie Clara Little

(a) Residence: No. 4527 Glenmore Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widow

6. If married, widowed, or divorced
(a) HUSBAND of
(b) WIFE of late Wm. E. Little

7. DATE OF BIRTH (month, day, year) Sept. 21st. 1878

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	0	23	

9. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housewife 37

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER'S NAME John F. Connolly

FATHER'S BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME OF MOTHER Mary A. Nelson

MOTHER'S BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss Mae A. Little

(Address) 4527 Glenmore Ave.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 10/17/34 19

UNDERTAKER Geo. A. Farley

(Address) 1800 W. Fayette St

FILED 10/17/34 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 . 1934 to Oct 14 . 1934

I last saw h[illegible] alive on Oct 14 . 1934 Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Lobar Pneumonia R & L lower Lobes	

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gustave A Dick . M. D.

(Address) 6801 Bellona Ave

268-9

F 05667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1222 Druid Hill Ave. St., 17-01 Ward)

Abt. 20 yrs.

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Norfolk Jones

Residence: No. 1222 Druid Hill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female Negro	Wid.

Married, widowed, or divorced
HUSBAND of WIFE of James Jones

DATE OF BIRTH (month, day, year) 1872 ?

Years	Months	Days	If LESS than 1 day, hrs. or min.
62 ?			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Port Deposit Md.

NAME Thomas Norfolk

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Augusta Chisell

(Address) 1534 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 10/16/34

UNDERTAKER Mrs. Lenore H. Holland

(Address) 1628 Druid Hill Ave

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1st. 1934 to Oct. 14th. 1934

I last saw her alive on Oct. 13th. 1934 Death is said to have occurred on the date stated above, at 10.pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	?
Other contributory causes of importance: Ch. Inter. Nephritis	?

Name of operation Date of

What test confirmed diagnosis? Physical Exam. Urin analysis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, how?

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

F 05668

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05668

CERTIFICATE OF DEATH

✓ 154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2703 Hugo Ave St., 9-01 Ward)

If not in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Harry Dunn

(a) Residence: No. 2703 Hugo Ave St., ... Ward.
(Usual place of abod e) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

If married, widowed, or divorced
(b) HUSBAND of
(c) WIFE of —

DATE OF BIRTH (month, day, year) Oct 16, 1934

Years	Months	Days	If LESS than 1 day, 3 hrs. or ... min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER'S NAME Harry E. Dunn

FATHER'S BIRTHPLACE (city or town) (State or country) Phila Pa

MOTHER'S MAIDEN NAME Margaret Krotee

MOTHER'S BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Harry E Dunn

(Address) 2703 Hugo Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Oct. 16, 1934

UNDERTAKER Mr. Mrs. John M. Teufel & Son

(Address) 204 W. Fayette St.

Oct 16 19 34 Filed ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1934 to Oct 16, 1934

I last saw him alive on Oct 16, 1934. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Moulded & vomiting due to Gall stone attack. Pyloric & Head in Cystic Duct

Name of operation none Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Ed L Pennington M. D.

(Address) 2800 Harford Rd

68-9 05669

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05669

J 34

CERTIFICATE OF DEATH

CE OF DEATH

F BALTIMORE: (No. Baltimore City Hospitals St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Ella Bonck

Residence: No. 1518 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

rried, widowed, or divorced RAND of WIFE of Robert

OF BIRTH (month, day, year) ?

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
? 53			

ade, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. None

dustry or business in which work was done, as silk mill, aw mill, bank, etc. None

te deceased last worked at this occupation (month and ear) | 11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) W. Virginia

AME

IRTHPLACE (city or town) (State or country) ?

MAIDEN NAME ?

IRTHPLACE (city or town) (State or country) ?

ORMANT Parade (Address) Balt City Hospitals

RIAL, CREMATION, OR REMOVAL Date 10/16 34

DERTAKER J J Fahey Sons (Address) 318 Light St

LED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1934 to Oct. 15, 1934

I last saw h alive on Oct 15, 1934 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	3 days
Abs. Parisis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I B Hazel M. D.

(Address) Balt City Hosp

F 05670

68-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05670

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 3019 Belair Road St. 8-01 Ward)

If residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank LeRoy Cook

Residence: No. 3019 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

If married, widowed, or divorced HUSBAND of WIFE of Ida May Cook

DATE OF BIRTH (month, day, year) June 20-1902

Years	Months	Days	If LESS than 1 day, hrs. or min.
32	3	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Robert M. Cook

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME Katherine Weber

BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Ida May Cook

(Address) 3019 Belair Road.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct. 17, 1934

UNDERTAKER George W. Zipfler

(Address) 1737 E. Eager St.

FILED Oct 18 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 12, 1934 to October 14, 1934

I last saw h[illegible] alive on October 14, 1934 at 3:15 P. m. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset Aug 1934

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Sputum Examination. Was [illegible] there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Greenberg M. D.

(Address) 2025 E. Baltimore St.

F 05671 F 05671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 2209 N. Charles St. 12-01 Ward)

f residence in city or town where death occurred 54 yrs. 0 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Frank J. Valentine

) Residence: No. 2209 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

rried, widowed, or divorced
SBAND of
WIFE of ---------

OF BIRTH (month, day, year) Oct. 7, 1880

Years	Months	Days	If LESS than 1 day.... hrs. or min.
54	0	7	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dentist

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. 55

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Baltimore Maryland

NAME John J. Valentine

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MAIDEN NAME Mary Louise Loftus

BIRTHPLACE (city or town) (State or country) Mount Savage Maryland

FORMANT Mrs. Louise V. Lyons

(Address) 204 E. University Parkway

RIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 10/17 19 34

NDERTAKER Henry A. Mears & Son

(Address) 805 N. Calvert Street

LED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14 34

22. I HEREBY CERTIFY, That I attended deceased from Aug. 14 1934, to Oct 14 1934

I last saw him alive on Oct 14 1934. Death is said to have occurred on the date stated above, at 10.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Arterial Hypertension 4-5 yrs	
Chr. Hypertension Nephritis.	
Other contributory causes of importance:	
Cerebral Hemorrhage	6 hrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Carroll Lockard M. D.

(Address) 42 Preston St

E 05672

268-9

72 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-001

Registered No.

ACE OF DEATH Union Memorial Hospital

OF BALTIMORE: (No. ..... St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

f residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

LL NAME Mrs Malthy F. Morrow

Residence: No. Pikesville, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

arried, widowed, or divorced
SBAND of
WIFE of

E OF BIRTH (month, day, year) Nov 14, 1894

Years	Months	Days	If LESS than 1 day, hrs. or min.
39	11	1	

ade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Expert Accountant

dustry or business in which work was done, as silk mill, saw mill, bank, etc.:

ate deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation

THPLACE (city or town) State or country: Balto. Md.

NAME James S. Morrow

BIRTHPLACE (city or town) (State or country): Balto Md.

MAIDEN NAME: Lydia A. Fogelman

BIRTHPLACE (city or town) (State or country): Ohio

ORMANT (Address): Quincy Lee Morrow 820 E. Joppa Road

RIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem. Date: Oct. 17 1934

NDERTAKER (Address): John O. Mitchell Sons 1914 Eutaw Place

LED ..... Registrar.

6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1934 to Oct 15, 1934

I last saw him alive on Oct 15, 1934 Death is said to have occurred on the date stated above, at 2:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Right	July 15, 34
Hemiplegia, Right	July 15, 34
Meningitis	

Other contributory causes of importance:

Name of operation Trephine Opening Date of 10/15/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Landon Timberlake, M. D.

(Address) Un. Mem. Hospital

F 05673

68-9

73 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. Baltimore City Hospitals St., C Ward)

residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME James Grasson

Residence: No. 1807 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

rried, widowed, or divorced BAND of WIFE of Buck (dead)

OF BIRTH (month, day, year) July 24 ?

Years	Months	Days	If LESS than 1 day, hrs. or min.
80 ?	2	19	

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. None

dustry or business in which work was done, as silk mill, aw mill, bank, etc.

te deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

THPLACE (city or town) Baltimore
ate or country)

AME Charles

IRTHPLACE (city or town) Baltimore
(State or country)

AIDEN NAME Mary Lyons

IRTHPLACE (city or town) Baltimore
(State or country)

ORMANT Friends

Address) Balt City Hosp

RIAL, CREMATION, OR REMOVAL

ace Balto Cemetery Date 10/14 34

DERTAKER E J Tormey & Son

Address) 1738 E Lafayette Ave

1934 Huntington Williams Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1933 to Oct 13 1934

I last saw him alive on Oct 13 1934 Death is said to have occurred on the date stated above, at 11 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis ?	1 year
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Braunel M. D.

(Address) Balt City Hosp

F 05674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 172-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH South Baltimore General Hospital

IF OF BALTIMORE: (No. 1213 Light St. St., 23rd Ward)

If residence is city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Elizabeth Bromm

Residence: No. 1021 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

If married, widowed or divorced: HUSBAND of or WIFE of Randolph Bromm

DATE OF BIRTH (month, day, year) Nov 30th 1854

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
79	10	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germy

NAME OF FATHER John Burgrock

BIRTHPLACE (city or town) (State or country) Germy

MAIDEN NAME OF MOTHER Christina Korner

BIRTHPLACE (city or town) (State or country) Germy

INFORMANT Mrs. E. Rice

(Address) 1021 Patapsco st

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Oct 18th 1934

UNDERTAKER Buckman & Son

(Address) 1039 Hanover st

1934 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27 1934 to Oct. 15 1934

I last saw her alive on Oct 15 1934 Death is said to have occurred on the date stated above, at 12:40 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated umbilical hernia	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James L. Webb M. D.

(Address) 1213 Light St.

1268-9

F 05675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1813 Light St St. 24-01 Ward)

of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert C Jenkins

(a) Residence: No. 1813 Light St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

Married, widowed, or divorced
(HUSBAND of
or) WIFE of Mar 17 34

TE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	13 28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Howard Jenkins

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Catherine Maddox

BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Howard Jenkins

(Address) 1813 Light St

BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 10/17, 1934

UNDERTAKER D. H. McCully

(Address) 1823 Hanover

Huntingtown Md

1934 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5 1934 to Oct 15 1934

I last saw him alive on Oct 15 1934. Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Colitis	10/5/34
Broncho-Pneumonia	10/10/34

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. L. Cromwell M. D.

10/15/34 (Address) 1644 Hanover St.

F 05676

76 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. 28-E Ward)

If residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis H Ritter

Residence: No. 9401 Bellview Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	married

If married, widowed, or divorced HUSBAND of Elsie Louis Ritter
WIFE of

DATE OF BIRTH (month, day, year) May 15 - 1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Indoor Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 053

Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER'S NAME Sidney Ritter

FATHER'S BIRTHPLACE (city or town) ?
(State or country)

MAIDEN NAME OF MOTHER Elizabeth Kunkel

MOTHER'S BIRTHPLACE (city or town) ?
(State or country)

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Oct. 17, 1934

UNDERTAKER Joseph Eifler
(Address) 1600 W. North Ave

Date Oct 16 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-7, 1934, to 10-14, 1934

I last saw him alive on 10-14, 1934. Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal obstruction	10-6-34
acute appendicitis	10-6-34
Other contributory causes of importance:	
Terminal bronchopneumonia	10-15-34

Name of operation appendectomy Date of 10-8-34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Sidney R. Ritter, M. D.

(Address) Maryland General Hosp.

)—M. & T.—250 Bks

F 05677

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO._____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH
BALTIMORE: (No.) 4646 Kenwood Ave ST. 27-01 WARD)
ULL NAME Louisa Evans
ESIDENCE NO. 4646 Kenwood Ave ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)
residence is city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

ERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
le	White	widow

ried, widowed, or divorced
WIFE of John Evans

OF BIRTH (month, day, and year) March 19 1854

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	6	26	

PATION OF DECEASED
Trade, profession or cular kind of work Stone Cutter
General nature of industry, ness, or establishment in h employed (or employer)
Name of employer
HPLACE (city or town) e or country) Maryland
AME OF FATHER Henry Henry
IRTHPLACE OF FATHER (city or town) State or country) Germany
AIDEN NAME OF MOTHER Unknown
IRTHPLACE OF MOTHER (city or town) State or country) Germany

nformant Mrs Helen Rockwell
Address) 7024 Kenwood Ave

led 1934 ... 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10. 15. 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 1 ... 1932, to Oct. 13 ... 1934, that I last saw h alive on Oct 13 ... 1934 and that death occurred, on the date stated above, at 8:15 a m.

The CAUSE OF DEATH* was as follows:
Senile degeneration - Bronchopneumonia
Senile Dementia - Inanitation
Exhaustion
(duration) 2 yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Usual
(Signed) C. H. Becton, M. D.
10.15.1934 (Address) 1714 Druid Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cemetery — DATE OF BURIAL Oct. 17 1934

20 UNDERTAKER Josiah Lyter — ADDRESS 1606 N. North Ave

F 05678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) CITY OF BALTIMORE: (No. Branch Ave. north of Hamilton St., 26th Ward)

(b) If not in city or town where death occurred, length of residence in city or town ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Wilhelmina Katherina Dohrmann

(a) Residence: No. Branch Ave. N. of Hamilton Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

If married, widowed, or divorced
HUSBAND of
WIFE of Gehardt Dohrmann

DATE OF BIRTH (month, day, year) September 25, 1862

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	1 0	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

NAME (First name unknown) Bar

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs.

(Address) Branch Ave. North of Hamilton Ave.

BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Date Oct 17 19 34

UNDERTAKER Fred'k. Loscalzo & Son

(Address) 240 Eden St.

6 1934

(Date) ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from May ..., 1924, to October 14, 1934

I last saw her alive on October 14, 1934. Death is said to have occurred on the date stated above, at 11:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism(suspected)	At death.
Chronic Bronchitis	1924
Other contributory causes of importance:	
Chronic Endocarditis (mitral valvular disease)	unknown
Arterio-Sclerosis	Many years.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Belair Rd., Baspeburg

1268-0

F 05679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 723 N. Bruce St., 16-01 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William Smith

(a) Residence: No. 723 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Single

(If married, widowed, or divorced) (a) HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 2, 1855

7. Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	10	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Storekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation 30

8. BIRTHPLACE (city or town) (State or country) Baltimore Md.

9. NAME OF FATHER John Smith.

10. BIRTHPLACE (city or town) (State or country) Baltimore Md.

11. MAIDEN NAME OF MOTHER Alberta Wilson

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. INFORMANT Hubert Wilson

(Address) 723 N. Bruce St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Oct 16 1934

14. UNDERTAKER Denit Carlson

(Address) 916 Eq. Ave

1934 Oct 16 Attested for Williams, Wm. Registrar. 8 0553

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1934 to Oct. 14, 1934

I last saw him alive on Oct. 14, 1934 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. H. Pickett M.D.

(Address) 1536 W. Lanvale St

1268-0

F 05680

5680 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals 34

OF BALTIMORE: (No. Balto. Md St. 1405 (Ward)

of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John or General Woddell

(a) Residence: No. 1405 Barre Court St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Black	Married

(If married, widowed, or divorced) HUSBAND of or WIFE of Jessie

DATE OF BIRTH (month, day, year) 11-26-94

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	10	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry, or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) N. Carolina

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Records City Hospitals

(Address) Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL Place Greenbury Date Oct 17 1934

UNDERTAKER Lynch & Conn

(Address) 216 E Lexington St

Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 10 7 1934 to 10 14 1934

I last saw him alive on 10 14 1934 Death is said to have occurred on the date stated above, at 12 M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	Unk
(Other contributory causes of importance: Cystic Infection	Unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Harry Goodman M. D.

(Address) Baltimore City Hospitals

F 05681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05681

CERTIFICATE OF DEATH

+ 186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Amanda Johnson

Residence: No. Edcott City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
White	Widow

ried, widowed, or divorced
AND of
WIFE of Joseph M Johnson

OF BIRTH (month, day, year) Sept 14 1860

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	2	

de, profession, or particular kind of work done, as spinner, wyer, bookkeeper, etc. House work

ustry or business in which ork was done, as silk mill, w mill, bank, etc. at home

e deceased last worked at his occupation (month and ear) | 11. Total time (years) spent in this occupation

HPLACE (city or town) Balto
te or country) Md

AME Joseph Hobbs

IRTHPLACE (city or town) (State or country) Md

AIDEN NAME unknown

IRTHPLACE (city or town) (State or country) Md

RMANT 708 Hartly Johnsons
ddress) Edcott City

IAL, CREMATION, OR REMOVAL
ce St. Johns Cem. Date Oct. 18. 1934

ERTAKER Easton Long
ddress) Edcott City Md.

ED 7 1934 Harrington & Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Femur due to fall down in her home	10 days
Other contributory causes of importance: Bronchial Pneumonia	3 4 days

Name of operation Reduction & Cast Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ..... 19.....

Where did injury occur? In her home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fell down

Nature of injury Fracture Femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Hanlon M. D.
Coroner

(Address) 7006 Church

F 05682 ✓ F 05682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 912 Burgundy St. 21-01 Ward)

residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

L NAME Mary Upperman

Residence: No. 912 Burgundy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Married

ried, widowed, or divorced
BAND of
WIFE of Joseph Upperman

OF BIRTH (month, day, year) Sept 18-1849

Years	Months	Days	If LESS than 1 day, hrs. or min.
85	0	26	

de, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At home

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

te deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

AME ? Kellaugh

BIRTHPLACE (city or town) (State or country) Balto - Md

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Balto. Md

ORMANT Mrs Howard Maisch

Address) Lower Point - Md

RIAL, CREMATION, OR REMOVAL

lace Western Date Oct 17, 1934

DERTAKER Wm Cook

Address) 1217 St. Paul St

Oct 1934 Huntington Williams Nov

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Eugene Keller, M. D.
Coroner

(Address) 2039 Eastern Ave

F 05683 ✓ F 05683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 12 E. Gittings St., 23-01 Ward)

If residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lewis A. Gerwert

Residence: No. 12 E. Gittings St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
White	Widowed

~~Married~~ widowed, ~~or divorced~~
HUSBAND of ~~WIFE~~ Virginia A. Gerwert

DATE OF BIRTH (month, day, year) July 25th 1866

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	18	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Manifest Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transatlantic Steamship Co

Date deceased last worked at this occupation (month and year) 2nd/1932

11. Total time (years) spent in this occupation 33

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Joseph A. Gerwert

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Anna M. Herzberger

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Florence I Gerwert

(Address) 12 E. Gittings St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 17th 1934

UNDERTAKER Wm Cook

(Address) 1217 ~~E~~ Eutaw St

Filed Oct 17 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1934, to Oct. 14, 1934

I last saw him alive on Oct. 14, 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Indefinite	
Exhaustion	10/13/34

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. K. Campbell M. D.

10/15/34 (Address) 1644 Hanover St

F 05684

F 05684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. Baltimore City Hospitals Ward)

f residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Julia Dorsey

Residence: No. 3 S Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

rried, widowed, or divorced RAND of WIFE of John S. Dorsey

OF BIRTH (month, day, year) March 17 1864

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	28	

ade, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Housewife

dustry or business in which work was done, as silk mill, aw mill, bank, etc. 037

te deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country)

NAME Anthony Fratis

BIRTHPLACE (city or town) Portugal
(State or country)

MAIDEN NAME Anna Hoey

BIRTHPLACE (city or town) Ireland
(State or country)

ORMANT Eagle
Address) Balt City Hosp

RIAL, CREMATION, OR REMOVAL Oak Lawn Date Oct 19th 1934

DERTAKER Wm Cook
Address) 1217 St Paul St

LED 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1934, to Oct 15, 1934

I last saw h alive on Oct 15, 1934 Death is said to have occurred on the date stated above, at 8:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I Phagel M. D.

(Address) Balt City Hosp

✓ F 05685

F 05685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

78

Registered No.

CE OF DEATH

F BALTIMORE: (No. Franklin Square Hospital 4-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Mina P. Benjes

Residence No. 612 E. Pratt St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

ried, widowed, or divorced
AND of WIFE of Richard Benjes

OF BIRTH (month, day, year) July 27-1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	17	

le, profession, or particular nd of work done, as spinner, wyer, bookkeeper, etc. Housewife

ustry or business in which ork was done, as silk mill, w mill, bank, etc. At home

e deceased last worked at is occupation (month and ar)

11. Total time (years) spent in this occupation

HPLACE (city or town) Mt. Worthington
te or country) Pittsburgh, Pa.

AME Julius Praeger

RTHPLACE (city or town) Germany
(State or country)

AIDEN NAME Wilhelmina Kochendoeffer

RTHPLACE (city or town) Germany
(State or country)

RMANT Richard Benjes
ddress) 612 E. Pratt St.

AL, CREMATION, OR REMOVAL
ce London Park Date Oct 17th 1934

ERTAKER Wm Cook
ddress) 1217 St Paul St

D 71934 Remarks Huntington Williams Asst

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (Non-Infectious)	Oct 6-34
Other contributory causes of importance: Pneumonia, Oppos	
Name of operation. Ivgn	Date of Oct 15-34

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Jos L. Valentine M. D. Coroner
(Address) 16 South Broadway

05686

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05686

CERTIFICATE OF DEATH

X 186-601

Registered No.

CE OF DEATH

F BALTIMORE: (No. St. Agnes Hospital St., 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred 20 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Joseph P. Gibson

Residence: No. Halethorpe, Maryland. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

ried, widowed or divorced
BAND of Lydia A. Gibson
WIFE of

OF BIRTH (month, day, year) Jan. 19-1855.

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	8	26	

de, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired Machinist

ustry or business in which work was done, as silk mill, law mill, bank, etc. Elliott Machine Co.

e deceased last worked at his occupation (month and year) 1919

11. Total time (years) spent in this occupation 35

IPLACE (city or town) Baltimore
te or country) Maryland

AME John R. Gibson

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

AIDEN NAME Unknown

IRTHPLACE (city or town)
(State or country) Unknown

RMANT Albert A. Gibson
ddress) Halethorpe, Maryland.

IAL, CREMATION, OR REMOVAL
ce Greenmount Date Oct 18th 1934

ERTAKER Wm Cook
ddress) 1217 St Paul St

ED 19 Registrar.

Huntington Hospital, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyper-static Pneumonia	Oct. 9 1934

Other contributory causes of importance:
Fractured right hip, femur, right radius and ulna.

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury Oct. 9, 1934

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Fell off ladder

Nature of injury Fractured right hip, femur.

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos L Valentine M. D.

(Address) 16 South Broadway

05687

HEALTH DEPARTMENT—CITY OF BALTIMORE

05687

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

BALTIMORE: (No. 933 N. Stricker St. 16-01 Ward)

residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

L NAME Matilda Reed

Residence: No. 933 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow.

ried, widowed, or divorced AND of WIFE of

F BIRTH (month, day, year) 1874

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

le, profession, or particular nd of work done, as spinner, wyer, bookkeeper, etc. Domestic

stry or business in which rk was done, as silk mill, w mill, bank, etc. 070

deceased last worked at is occupation (month and ar)

11. Total time (years) spent in this occupation

PLACE (city or to te or country) Galveston Texas

AME

RTHPLACE (city or town) (State or country) Va

AIDEN NAME Isabella Young

RTHPLACE (city or town) (State or country) Va

RMANT Jessie Jackson
dress) 1124 N. Eutaw

AL, CREMATION, OR REMOVAL

Green Mount Cemetery Date Oct. 18 34

ERTAKER Thos. E. Kelsey & Sons

Filed Oct 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Luck M. D.
Coroner

(Address) Coroner

F 05683 ✓ F 05688

HEALTH DEPARTMENT—CITY OF BALTIMORE

146

CERTIFICATE OF DEATH

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH 1148 N Stricker St
OF BALTIMORE: (No 16-01 ST ..... WARD)

FULL NAME Beatrice Talbot Mahell

RESIDENCE NO. 1148 N Stricker ST., ... WARD X
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

Married, widowed, or divorced
(HUSBAND of
) WIFE of John W. Mahell

DATE OF BIRTH (month, day, and year): Jan 15, 1913

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
21	3	28	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

NAME OF FATHER: John Holland

BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

MAIDEN NAME OF MOTHER: Nancy Talbot

BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

Informant (Address): John W. Mahell 1148 N Stricker St

Filed OCT 17 1934 Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 13, 1934

17
I HEREBY CERTIFY, That I attended deceased from October 9, 1934, to October 13, 1934
that I last saw her alive on October 13, 1934
and that death occurred, on the date stated above, at 9.50 P m.

The CAUSE OF DEATH* was as follows:

Puerperal Uremia

(duration) yrs. ..... mos. 5 ds.

CONTRIBUTORY (Secondary): Retroplacement of Uterus
(duration) yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? N Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Charles J. Norton M. D.
, 19 (Address) 871 Hanlon St

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Auburn Cemetery — DATE OF BURIAL: Oct 17 1934

20 UNDERTAKER: Thomas E. Kelson — ADDRESS: 1303 Lexington St.

F 05689 ✓ F 05689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2873 W. Lanvale St., 16-01 Ward)

If residence in city or town where death occurred 86 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hannah Ann Peregoy

Residence: No. 2873 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Single

If married, widowed, or divorced: HUSBAND of / WIFE of ----------

6. DATE OF BIRTH (month, day, year) Apr. 15, 1848

7. Years	Months	Days	If LESS than 1 day, hrs. or min.
86	6	0	

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER John Peregoy

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Hannah Ann Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. John A. Bauer (Niece)
(Address) 8 Ridge Rd., Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Oct. 17, 1934

19. UNDERTAKER John A. Leary
(Address) 715 Light St.

Oct 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26th 1934 to Oct 14th 1934

I last saw her alive on Oct 14th 1934. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	4 mos.
Uterine Hemorrhage	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac G. Dickson M. D.

(Address) 2032 N. Monroe

05690 100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05690

X 16-001

CERTIFICATE OF DEATH.

REGISTERED NO.

PLACE OF DEATH

BALTIMORE (No. 816 Beaumont Ave., St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) X

FULL NAME H. Maud Stewart

RESIDENCE NO. Laurel, Maryland. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

If residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
White	Single

If married, widowed, or divorced
HUSBAND of
OR WIFE of ---

16 DATE OF BIRTH (month, day, and year) Oct. 18, 1874

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
59	11	27	

17 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

18 BIRTHPLACE (city or town) Baltimore,

(State or country) Md.

19 NAME OF FATHER C. Mordecai Stewart

BIRTHPLACE OF FATHER (city or town)

(State or country) Md.

MAIDEN NAME OF MOTHER Elizabeth Hamil

BIRTHPLACE OF MOTHER (city or town)

(State or country) Md.

Informant Mr. U.S. Stewart

(Address) 816 Beaumont Ave.

Filed 1934 19 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 15, 1934.

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) inquiry and that said deceased came to her death on the day stated above. before 8 A.M.

The CAUSE OF DEATH* was as follows:

Suicide-Illuminating gas poisoning
All jets on gas rangein kitchen
at 816 Beaumont Ave.

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) (duration) ....yrs. ....mos. ....ds.

(Signed) [signature] M. D.
(Coroner)

Oct 17/34 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery Date of Burial Oct. 17 1934

20 UNDERTAKER John F. Denny ADDRESS 715 Light St

05691 ✓ F 05691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1534 Popla Grave 16-01 Ward)

If residence in city or town where death occurred 66 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cora M Seaman

Residence: No. 1534 Poplar Grove Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of WIFE of: George W Seaman

DATE OF BIRTH (month, day, year): Sept 3 1868

6. AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	13	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

NAME OF FATHER: Walter L Jenkins

BIRTHPLACE (city or town) (State or country): Dorchester Co Md

MAIDEN NAME OF MOTHER: Eliza Jane Wheatley

BIRTHPLACE (city or town) (State or country): Dorchester Co Md

INFORMANT: Mr George W Seaman

(Address) 1534 Poplar Grove st

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 17 1934

UNDERTAKER: John F Dennis

(Address) 715 Light St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1934 to Oct 15 1934

I last saw h. alive on Oct 12 1934. Death is said to have occurred on the date stated above, at 7.20 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage 72 hrs.

Other contributory causes of importance: Cystitis Prostatitis 10 yrs.

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

I saw deceased [illegible]

(Signed) E Dandridge M. D.

(Address)

F 05692 ✓ F 05692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Woman's Hospital

OF BALTIMORE: (No. John + Lafayette St., 1-01 Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Elizabeth Helen Mack

(a) Residence: No. 2923 Dillon St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Married

If married, widowed, or divorced HUSBAND of [illegible] George Herman Mack

DATE OF BIRTH (month, day, year) Sept 21, 1907

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
27	0	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Frank Dillfelder

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME Elizabeth Single

BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Frank Dillfelder

(Address) Baltimore, Md

BURIAL, CREMATION, OR REMOVAL

Place Loraine Date Oct 17, 1934

UNDERTAKER Wm. Ulrich & Son

(Address) [illegible]

FILED Oct 17 1934 Huntington Ind. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1934 to October 14, 1934

I last saw h[illegible] alive on October 14, 1934 Death is said to have occurred on the date stated above, at 11 07 a. m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Pulmonary embolus	x/14/34
Other contributory causes of importance:	
Parturition	x/14/34

Name of operation Mid. forceps delivery Date of x/14/34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Beverley C. Compton M. D.

(Address) Woman's Hosp

F 05693 ✓ F 05693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

CE OF DEATH

Registered No. 82-001

F BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Sheppard Mills

Residence: No. 611 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

rried, widowed, or divorced BAND of WIFE of Lizzie Mills

OF BIRTH (month, day, year) 00 ? 1886

Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Laborer

ustry or business in which work was done, as silk mill, aw mill, bank, etc.

te deceased last worked at this occupation (month and ear) | 11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) North Carolina

AME Madison Mills

IETHPLACE (city or town) (State or country) D. C.

MAIDEN NAME Margaret Clark

IRTHPLACE (city or town) (State or country) D. C.

DRMANT Friends
Address) East City Hosp

IAL, CREMATION, OR REMOVAL Mt Auburn Date 10/17/34

DERTAKER Isaiah L Brown & Son
Address) 108 W Montgomery St

1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1934 to Oct 13, 1934

I last saw h[illegible] alive on Oct 13, 1934. Death is said to have occurred on the date stated above, at 4:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	5 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Frazier, M. D.

(Address) East City Hosp

F 05694 ✓ F 05694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. Balto. City Hospt. St., 27-01 Ward)

residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Aquilla Gifford

Residence: No. 4223 York Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

rried, widowed, or divorced BAND of WIFE of Chas. A Gifford

OF BIRTH (month, day, year) 6-17-1859

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	28	

ade, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. H. W. ?

dustry or business in which work was done, as silk mill, aw mill, bank, etc. ?

te deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

THPLACE (city or town, State or country) Washington D.C.

AME Josiah Hitchcock

BIRTHPLACE (city or town) (State or country) Washington D.C.

MAIDEN NAME Catherine Dunnel

BIRTHPLACE (city or town) (State or country) England

ORMANT Balto City Hospt
Address)

RIAL, CREMATION, OR REMOVAL
Marys Cemetery Homdy Oct 17 1934

DERTAKER Chas. S. Black

Address) 742 W. Fayette

LED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-14-34, 19 , to 10-14, 1934

I last saw h alive on 10-14, 1934 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Cellulitis, Face	1934

Other contributory causes of importance:

Hypertension, Benign ?
c Bronchio-pneumonia 10-7-34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Gant, M.

(Address) Balto City Hospl

F 05695

695 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 820 N. 36th St., 13-01 Ward)

residence in city or town where death occurred, 69 yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

L NAME Sarah Elizabeth Gerard

Residence: No. 820 N. 36th St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

le White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

cried, widowed or divorced) HAND of Frank Albut Gerard
WIFE of

OF BIRTH (month, day, year) Jan. 1 - 1865

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	14	

de, profession, or particular kind of work done, as spinner, wyer, bookkeeper, etc.: At Home
ustry or business in which work was done, as cotton saw mill, bank, etc.: None
e deceased last worked at this occupation (month and ar): 1909

11. Total time (years) spent in this occupation: School *55

RPLACE (city or town) Baltimore City
te or country) Maryland

AME John Shanck

IRTHPLACE (city or town) Maryland
(State or country)

AIDEN NAME Louise Hubbard

IRTHPLACE (city or town) Maryland
(State or country)

ORMANT Albut L. Gerard
Address) 820 N. 36th St.

RIAL, CREMATION, OR REMOVAL Baltimore Cem. Oct. 18- 34
ace

DERTAKER Jorgue F. Burgee
Address) 3631 Gallis Road

ED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15. 1934.

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1933 to Oct 15 1934, 19 34
I last saw h alive on Oct 14 1934, 19 Death is said to have occurred on the date stated above, at 3.09 P. m.

The principal cause of death and related causes of importance were as follows:

Sarcoma — Date of onset Oct 1933
Lung - Femur (both)
Multiple

Other contributory causes of importance:
Hypostatic Pneumonia
Arthritis deformans
Removal Severe Weight Date of 1933
Na
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) [illegible] Stanley D.

(Address) 44 36-25 St 34

CT 17 1934 Hutchinson Mfg. Co. Inc.

2341 Eutaw Place

F 05696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 13-01

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 2413 Madison Ave. St., Ward)

If residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? 30 yrs. mos. da.

FULL NAME Rachael Samet

Residence: No. 2413 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

If married, widowed, or divorced
HUSBAND of John
WIFE of

DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lithuania

NAME Not Known

BIRTHPLACE (city or town) (State or country) Lithuania

MAIDEN NAME Not Known

BIRTHPLACE (city or town) (State or country) Lithuania

FORMANT John Samet

Address

BURIAL, CREMATION, OR REMOVAL

Date 10/17/34

UNDERTAKER John Lewis Chas

(Address) 1438 E Baltimore

FILED OCT 17 1934 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/34

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1934 to Oct. 17 1934

I last saw her alive on Oct. 16, 1934 Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-vascular Disease	?
Other contributory causes of importance: Bronchial Asthma	several years ago
Bronchopneumonia	48 hours

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Swooman M. D.

(Address) 2340 Eutaw Place

F 05697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

CE OF DEATH

F BALTIMORE: (No. 2307 Brookin Ave St., 15-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Donna Talbott Ridgely

Residence: No. 2307 Brookin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Wh	Married

erried, widowed, or divorced
RAND of Richard Smith Ridgely
WIFE of
born 15 Jan 1873

OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	4	

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. housewife

dustry or business in which work was done, as silk mill, aw mill, bank, etc. Own home

te deceased last worked at this occupation (month and year) Oct 1931 | 11. Total time (years) spent in this occupation 40 yrs

HPLACE (city or town) ate or country) Balto Co.

AME Azilla W. Ridgely

IRTHPLACE (city or town) (State or country) Balto Co

MAIDEN NAME Mary J. Talbott

IRTHPLACE (city or town) (State or country) Balto Co

ORMANT Annie Arnold Nurse

Address) 2307 Brookin Av.

RIAL, CREMATION, OR REMOVAL
arrett's Lehigh Date Oct 18, 1934

DERTAKER Wm J. Tuckner & Sons

Address) Brook & Arran Aves

LED Registrar.

OCT 17 1934

Washington Millinery, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934 to Oct. 16, 1934

I last saw her alive on Oct. 15, 1934 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy. Hemorrhage of Lung, Extensive Cancer of Breast & Metastasis	1933
Other contributory causes of importance: Carcinoma Breast and Generalized Metastasis Pulmonary Tuberculosis	1930 / 1 year

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward [illegible] M. D.

(Address) 1205 N. Wolfe St

F 05698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 1244 James St. 21-01 Ward)

residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

L NAME Sarah E. McCormick

Residence: No. 1244 James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widow

rried, widowed, or divorced BAND of WIFE of Wm. J. McCormick

OF BIRTH (month, day, year) ? ?

Years	Months	Days	If LESS than 1 day, hrs. or min.
ast 60	—	—	

de, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

ne deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

HPLACE (city or town) State or country) Unknown

AME Unknown

IRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

IRTHPLACE (city or town) (State or country) Unknown

ORMANT Mrs Laura E. Gardner

Address) 1244 James St.

RIAL, CREMATION, OR REMOVAL

lace Mt Olivet Date Oct. 18. 1934

DERTAKER Wm. J. Tucker & Son

Address) Mt Olivet Ave

OCT 17 1934

19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Oct 15 1934

I last saw h alive on Oct 13 1934 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral regurgitation 10/1/34

Other contributory causes of importance:

Arteriosclerosis 9/1/34
& Senescence of age

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward Dunn M. D.

(Address) 1244 James St.

F 05699

S-0

699 HEALTH DEPARTMENT—CITY OF BALTIMORE

+ 46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

BALTIMORE: (No. Bon Secours Hospital St., 70-01 Ward)

residence in city or town where death occurred ....yrs. 2 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

L NAME Patrick J. Nelligan

Residence: No. 3301 - 16th st. Washington D.C. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	widowed

ried, widowed, or divorced
AND of
WIFE of Mary A. Dempsey

OF BIRTH (month, day, year) Jan. 17, 1861

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	6	29	

le, profession, or particular nd of work done, as spinner, wyer, bookkeeper, etc. ....
ustry or business in which ork was done, as silk mill, w mill, bank, etc.
e deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) Ireland.
te or country)

AME John Nelligan

IRTHPLACE (city or town) Ireland
(State or country)

AIDEN NAME Unknown

IRTHPLACE (city or town) Ireland
(State or country)

RMANT Mrs. A Nelligan
ddress) 3301 16th st. Washington DC

IAL, CREMATION, OR REMOVAL
ace Mt. View Cem. Md. Date 10/18/34 19

DERTAKER J. J. Foley & Sons
ddress) 1317 Eight St. N.W.

ED ..... 19 ..... Washington, D.C.

OCT 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16-34 19

22. I HEREBY CERTIFY, That I attended deceased from 8-16-34, 19...., to 10-16-34, 19....

I last saw him alive on 10-16-34, 19.... Death is said to have occurred on the date stated above, at 2.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Descending Colon	?

Other contributory causes of importance:

Name of operation {Stage Wenn - Mikulicz Resection} Date of 8-12-34

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert W. Allison, M. D.

(Address) Bon Secours Hospital

F 05700

F 05700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 162

PLACE OF DEATH

IF BALTIMORE: (No. 5100 Oaklawn Road ST. [illegible] WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Margaret Megenhardt

RESIDENCE NO. 5780 Oaklawn Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 88 yrs. 9 mos. 24 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
W	widow

Married, widowed, or divorced HUSBAND of WIFE of Frederick Megenhardt

DATE OF BIRTH (month, day, and year) Dec. 22-1845

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	9	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

(d) Place (city or town) Baltimore Md

NAME OF FATHER Peter Dibel

BIRTHPLACE OF FATHER (city or town) Germany

(State or country)

MAIDEN NAME OF MOTHER Margarite Meglein

BIRTHPLACE OF MOTHER (city or town) Germany

(State or country)

Informant Mrs Jennie M. Boland

(Address) 5100 Oaklawn Rd

Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 15 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1934, to Oct 15, 1934,

that I last saw h... alive on Oct 15, 1934

and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible], M. D.

19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem

DATE OF BURIAL Oct. 18 1934

20 UNDERTAKER Chas. E. Franck

ADDRESS 501 Madison Ave

F 05701

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05701

115-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

IF BALTIMORE: (No.) Maryland General Hospital St., 16-01 Ward)

If residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Laura Riley

Residence: No. 3020 Baker St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Single

If married, widowed, or divorced HUSBAND of WIFE of

DATE OF BIRTH (month, day, year) November 16, 1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Resort Chemicalles

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

NAME OF FATHER Samuel Riley

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Maria Lewis

BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Hospital records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 18 1934

UNDERTAKER J. Vernon Keelyn

(Address) 1532 Baltimore St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1934 to October 16, 1934

I last saw her alive on October 16, 1934. Death is said to have occurred on the date stated above, at 1-1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Angina-ulcerated throat	10-6-34
Acute Pulmonary Edema	10-16-34

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Babcock M. D.

(Address) Md. Gen. Hospital

68-9

05702

F 05702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 607 Allendale St., 16-01 Ward)

residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

L NAME Selma Louise Kolmer

Residence: No. 607 Allendale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widowed

ried, widowed, or divorced
BAND of Leornard
WIFE of

OF BIRTH (month, day, year) Feb. 29, 1859

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	16	

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Housewife

dustry or business in which work was done, as silk mill, aw mill, bank, etc.

e deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) Maryland
ate or country)

AME August Reichelt

IRTHPLACE (city or town) (State or country) Germany

AIDEN NAME Rosina Fresh

IRTHPLACE (city or town) (State or country) Maryland

ORMANT Harold S. Kolmer
Address) 512 Munsey Bldg.

IAL, CREMATION, OR REMOVAL

ace St. Paul Violet Date 10/8/34. 19

DERTAKER George Weber & Sons
Address) 2503 Edmondson Ave.

ED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 2. 1934 to Oct. 16. 1934

I last saw her alive on Oct 16. 1934 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1926
Myocardial Insuff	1931
Angina Pectoris	1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? P. E. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Elmer C. Todd M. D.

10/16/34 (Address) 735 N. Fulton Ave.

05703 F 05703

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 1125 Ray St., 5-01 Ward)

residence in city or town where death occurred ... yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

L. NAME Joseph Ray

Residence: No. 1124 May St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Single

ed, widowed, or divorced
AND of
WIFE of —

F BIRTH (month, day, year) July 4 1888

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	3	8	

le, profession, or particular nd of work done, as spinner, wyer, bookkeeper, etc. Barber Jt

ustry or business in which ork was done, as silk mill, w mill, bank, etc. Barber Shop

deceased last worked at is occupation (month and ar) | 11. Total time (years) spent in this occupation

IPLACE (city or town) Balto Md
te or country)

AME John Ray

RTHPLACE (city or town) Md
(State or country)

AIDEN NAME Salonia Fry

IRTHPLACE (city or town) Va
(State or country)

RMANT Florence Ellis
ddress) 1236 E Madison St

AL, CREMATION, OR REMOVAL

ce Johnson Comp Date Oct 17 34

ERTAKER Ernest Pree
ddress) 155 N Homestead St

D ..... 19 ..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis & Myocarditis Hypertrophy of heart	

Other contributory causes of importance: Embolism acute sudden

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James M Rowlett, M. D.
Coroner

(Address) 710 E Chase

05704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05704

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

E OF DEATH

F BALTIMORE: (No. 3904 Canterbury Rd 12-91 Ward)

residence in city, town, where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

L NAME Charles E. Anderson

Residence: No. 3904 Canterbury Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

rried, widowed or divorced
BAND of Frances Anderson
WIFE of

OF BIRTH (month, day, year) Dec 5, 1848

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	10	10	

de, profession, or particular kind of work done, as spinner, wyer, bookkeeper, etc.: Retired

ustry or business in which work was done, as silk mill, w mill, bank, etc.

e deceased last worked at his occupation (month and ar)

11. Total time (years) spent in this occupation

HPLACE (city or town) Maryland
te or country)

AME William C. Anderson

RTHPLACE (city or town) Sweden
(State or country)

AIDEN NAME Nancy Henderson

IRTHPLACE (city or town) Maryland
(State or country)

RMANT Joseph A. Galen
ddress) 3904 Canterbury Rd

IAL, CREMATION, OR REMOVAL Date Oct. 17, 1934

Balto City

ERTAKER John F. Inman
Address) 2100 E. Balto St

1934 ... Victor William ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1934 to Oct. 15, 1934

t saw h... alive on Oct. 15, 1934 Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	some years
Arterio-Sclerosis	
Nephritis	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or Injury in any way related to occupation of deceased? —

Yes If so, specify ...

(Signed) A. F. Ries ... M. D.

(Address) 24 S. Bway

F 05705

05705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 118-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. City Hospital St., 1-01 Ward)

residence in city or town where death occurred? ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

L NAME Catherine G Wenel

Residence: No. 641 S Kenwood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	married

ried, widowed or divorced
BAND of Henry Wenel
WIFE of

OF BIRTH (month, day, year) June 4-1906

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	4	11	

de, profession, or particular kind of work done, as spinner, wyer, bookkeeper, etc. Housework at Home

ustry or business in which ork was done, as silk mill, w mill, bank, etc. 637

e deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) Balto. Md
te or country)

AME William Miller

IRTHPLACE (city or town) Balto. Md
(State or country)

AIDEN NAME Frank Trend

IRTHPLACE (city or town) Balto. Md
(State or country)

RMANT Henry Wenel
ddress) 641 S. Kenwood Ave

IAL, CREMATION, OR REMOVAL
ace Oak Lawn. Date Oct 20 1934

ERTAKER Tilly & Zeiler Inc
ddress) 4036 Fairfield Ave

7 1934 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning from Illuminating Gas	
Accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Oct 15, 1934

Where did injury occur? 641 S Kenwood
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaled Carbon Monoxide Gas

Nature of injury asphyxiation

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify No

(Signed) B Pokorny md Coroner. M. D.

(Address) 1305 N Patterson Park Ave

8-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 05706

06

CERTIFICATE OF DEATH

✓ 94-002

CE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

F BALTIMORE: (No. 113 S. Gilmor St. St., 14-01 Ward)

residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

L NAME Louis G. Albrecht

Residence: No. 113 S. Gilmor St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

ried, widowed, or divorced
AND of Mary M. Albrecht
WIFE of

OF BIRTH (month, day, year) Mar. 14-1863.

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	2	

le, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired 086

ustry or business in which work was done, as silk mill, law mill, bank, etc. Letter Carrier

e deceased last worked at his occupation (month and ar)

11. Total time (years) spent in this occupation

HPLACE (city or town) Baltimore
te or country) Maryland

AME Henry Albrecht

RTHPLACE (city or town) Germany
(State or country)

AIDEN NAME Barbara Miller

RTHPLACE (city or town) Germany
(State or country)

RMAN Mrs. Mary M. Albrecht
ddress) 113 S. Gilmor St.

AL, CREMATION, OR REMOVAL
ce London Park Date Oct. 20. 1934

ERTAKER Jos Loershner & Son
ddress) 217 S. Paca St.

171934 Huntington Williams N.P.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16 , 19 34

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Oct 16 1934
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jos L. Valentine M. D.
Coroner

(Address) 16 South Broadway

F 05707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 341 S. Bouldin St. Ward)

residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 31 yrs. mos. ds.

L NAME Andrew Garibaldi Serra

Residence: No. 341 S. Bouldin St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

rried, widowed, or divorced
BAND of
WIFE of Theresa

OF BIRTH (month, day, year) July 2 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	3	13	

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Ret.

dustry or business in which work was done, as silk mill, aw mill, bank, etc.

te deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Italy
ate or country)

AME Andrew Serra

IRTHPLACE (city or town) Italy
(State or country)

AIDEN NAME Marie Vacca

IRTHPLACE (city or town) Italy
(State or country)

ORMANT Joseph A. Serra
ddress) 341 S. Bouldin St

AL, CREMATION, OR REMOVAL

ace New Cathedral Date Oct 18, 1934

DERTAKER Martin J. C. Duffal
Address) 32 S. Arnold

Huntington Tillage, MD
Registrar.

ER 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1931, 19 . to Oct 15, 19 34.

I last saw h in alive on Oct 15, 19 34. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Auricular Fibrillation	1931
Other contributory causes of importance:	
Acute Cardiac Dilatation	one day.

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state

(Signed) Lawrence M. Serra M. D.

(Address) 1009 Annapolis Blvd

Res-05708 F 05708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 160-001

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. V. of A. Hosp. St., 37-01 Ward)

If not of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

FULL NAME Baby Cole

(a) Residence: No. V. of A. Hosp. 513 Wyoth Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Single

(a) Married, widowed, or divorced
(b) HUSBAND of
(c) WIFE of —

DATE OF BIRTH (month, day, year) Oct. 16 '34

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	0	10

(a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
(c) Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Raymond Burke Cole

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Mary Violet Brown

BIRTHPLACE (city or town) (State or country) Ellicott City Md

INFORMANT Mother

(Address) V. of A. Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Mount of Md Date Oct 17, 1934

UNDERTAKER

(Address) Huntington Phillips, M.D.

FILED Oct 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1934 to Oct. 16, 1934

I last saw him alive on Oct. 16, 1934 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

Premature labor — Date of onset

Baby in transverse presentation

Other contributory causes of importance:

Respiratory failure (Middle of respiration new-born)

Name of operation Caesarean Section Date of C.V.S.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. F. Brown M. D.

(Address) Medical Arts Bldg.

68-05709

F 05709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 3150 Fenwick Pl 13-61 Ward)

residence in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Lenna Baker

Residence: No. 3150 Fenwick Pl. Ward.

(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

AND or WIFE of: Sanford Baker

OF BIRTH (month, day, year): Jan 28 1885

Years	Months	Days	If LESS than 1 day, hrs. or min.
49	8	18	

de, profession, or particular kind of work done, as spinner, wyer, bookkeeper, etc.: Housewife

ustry or business in which work was done, as silk mill, w mill, bank, etc.

e deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) ate or country): Balty City 2nd

AME: Harvey

IRTHPLACE (city or town) (State or country): Unknown

AIDEN NAME: Rose Coogle

IRTHPLACE (city or town) (State or country): Unknown

ORMANT: Mr Sanford Baker

ddress): 3150 Fenwick Pd

IAL, CREMATION, OR REMOVAL: Date Oct 18 1934

Mary Rue Funeral Home

DERTAKER: Walter Davis

ddress): 3418 Edgewood Ave

Registrar.

D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19 Death is said to have occurred on the date stated above, at 12:15 noon

I last saw her alive on Oct 15 1934

The principal cause of death and related causes of importance were as follows:

Hemorrhage.

Date of onset

Other contributory causes of importance:

Tuberculosis of Lungs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos Morrison Coroner M. D.

(Address) 36 N Poland

S-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

Gwr 16

710

CERTIFICATE OF DEATH

183 F 05710

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. Pier 6 Pratt St St. 4-01 Ward)

residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

L NAME Unknown

Residence: No. — St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	

ried, widowed, or divorced
AND of
WIFE of

OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	—	—	

le, profession, or particular nd of work done, as spinner, wyer, bookkeeper, etc. Unknown 057

ustry or business in which ork was done, as silk mill, w mill, bank, etc.

e deceased last worked at ia occupation (month and ar)

11. Total time (years) spent in this occupation

IPLACE (city or town) Unknown
te or country)

AME Unknown

RTHPLACE (city or town) Unknown
(State or country)

AIDEN NAME Unknown

RTHPLACE (city or town) Unknown
(State or country)

RMANT
ddress)

AL, CREMATION, OR REMOVAL
Date Oct 17 19 34
e Public Cemetery

ERTAKER
ddress)

1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) found Oct 11 9 19 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Accidental Drowning

Contusions

Exposure

Date of onset

Other contributory causes of importance:

Pt was floating

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes' (violence) fill in also the following:

Accident, suicide, or homicide? Accidental injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) James M Fenlon M. D.
Coroner

(Address) 700 E Chase

268-9

F 05711

711

HEALTH DEPARTMENT—CITY OF BALTIMORE

119

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1716 William St. 24-01 Ward)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward F. Knapp

Residence: No. 1716 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

Married, widowed, or divorced: HUSBAND of WIFE of ~~Sept. 29~~

DATE OF BIRTH (month, day, year) Sept. 29. 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md.

NAME OF FATHER: James K. Knapp

BIRTHPLACE (city or town) (State or country): Balto. Md.

MAIDEN NAME OF MOTHER: Pearl Simonds

BIRTHPLACE (city or town) (State or country): Balto. Md.

INFORMANT (Address): Mrs. Pearl Knapp 1716 Presstman St.

BURIAL, CREMATION, OR REMOVAL: Cedar Hill Date Oct. 19, 1934

UNDERTAKER (Address): Margaret F. Flynn 1422 Hughes St.

1934 Huntington Hollow, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934, to Oct. 17, 1934

I last saw him alive on Oct. 16, 1934. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	10/15/34
Exhaustion	10/16/34

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Campbell M. D.

10/17/34 (Address) 1644 Hanover St

68-9

E 05712

12 HEALTH DEPARTMENT—CITY OF BALTIMORE

157-003

CERTIFICATE OF DEATH

CE OF DEATH South Baltimore General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

F BALTIMORE: (No. 1213 Light St. St., 23rd Ward)

residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Sam Joseph Patti Jr.

Residence: No. 1137 S. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

rried, widowed, or divorced
RAND of
WIFE of

OF BIRTH (month, day, year): July 31 - 1933

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	2	16	15

de, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: none

dustry or business in which work was done, as silk mill, saw mill, bank, etc.: do

e deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

EPLACE (city or town) (State or country): Balto. Md.

AME Sam. J. Patti

IRTHPLACE (city or town) (State or country): Balto. Md.

AIDEN NAME Rose Balsoma

IRTHPLACE (city or town) (State or country): Balto. Md.

ORMANT Sam. J. Patti

ddress) 1137 So. Charles St

IAL, CREMATION, OR REMOVAL

ace Holy Cross Cem. Co. Date Oct 18 1934

DERTAKER Margaret E. Flynn

Address) 1412 Light St.

934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1934 to Oct 16, 1934

I last saw him alive on Oct 15, 1934 Death is said to have occurred on the date stated above, at 12:25 AM

The principal cause of death and related causes of importance were as follows:

Myocardial failure

Date of onset

over

Other contributory causes of importance:

Dr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Webb M. D.

(Address) 1213 Light St

10-21 MAT 1500 Blks.

F 05713

713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

27-002

PLACE OF DEATH Kernan's Hospital

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (NO. ..... ST. 28-01 WARD)

FULL NAME Clifford Hagenbuch

RESIDENCE NO. Kernan's Hospital ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

If residence in city or town where death occurred ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

If married, widowed, or divorced WIFE of (or) HUSBAND of ——

DATE OF BIRTH (month, day, and year) Sept. 23, 1923

Years	Months	Days	If LESS than 1 day, hrs or min.
	0	26 24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: School Boy

(b) General nature of Industry, business, or establishment in which employed (or employer) ——

(c) Name of employer ——

BIRTHPLACE (city or town) (State or country) Not Known

NAME OF FATHER Not Known

BIRTHPLACE OF FATHER (city or town) (State or country) Not Known

MAIDEN NAME OF MOTHER Not Known

BIRTHPLACE OF MOTHER (city or town) (State or country) Not Known

Informant (Address) Hospital records

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-17 1934

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Oct 19, 1934.

That I last saw him alive on Oct 17, 1934,

and that death occurred, on the date stated above, at 8 39 A m.

The CAUSE OF DEATH* was as follows:

Tuberculous Sacro-Iliac Joint,
Amyloid Degeneration

(duration) 2 yrs. 7 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Not Known

Did an operation precede death? No Date of ——

Was there an autopsy? Yes

What test confirmed diagnosis? X-Ray

(Signed) James R. Brown M. D.

, 19 (Address) Kernan's Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Md

DATE OF BURIAL 10/17/34

20 UNDERTAKER J. M. Cook

ADDRESS 1247 Pont.

268-9

F 05714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH Maryland General Hospital

Registered No.

OF BALTIMORE: (No. ... St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Schilling

Residence: No. 3602 Abbottston St., 3007 Barclay St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

If married, widowed, or divorced
HUSBAND of
WIFE of

DATE OF BIRTH (month, day, year) August 27 1886

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	14	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Otto L. Schilling

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Anna Horn

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mrs. O. Schilling
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 18 1934

19. UNDERTAKER Leroy Cook
(Address) 1003 E. Baltimore St.

1934 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1932 to October 16 1934

I last saw her alive on October 15 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac decompensation (myocarditis)	Aug. 1934
Hypostatic pneumonia	Oct. 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) George M. Gehle M. D.

(Address) 7435 Maryland Ave

1268-0

F 05715

15 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 33 S. Monastery Ave. St., 20-21 Ward)

of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

LL NAME Mary C. Gillespie

) Residence: No 33 S. Monastery Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	hite	Widowed

arried, widowed, or divorced
SBAND of James D. Gillespie
) WIFE of

E OF BIRTH (month, day, year) December 25, 1865

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Cincinnati
(State or country) Ohio

NAME John Whately

BIRTHPLACE (city or town) England
(State or country)

MAIDEN NAME Rebecca Thompson

BIRTHPLACE (city or town) Cincinnati
(State or country) Ohio

FORMANT Mr. Thomas D. Dodds

(Address) 33 S. Monastery Avey

URIAL, CREMATION, OR REMOVAL

Place Covington, Ky. Date Oct. 17, 1934

NDERTAKER Jos. F. Mork

(Address) 1003 N. Baltimore St.

LED 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1934 to Oct. 16, 1934

I last saw her alive on Oct 16, 1934 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic — Date of onset 1932
Arteriosclerosis Chronic Pancreatic Necrosis — 1933
Uremia — Oct 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elliot W. Johnson, M. D.

(Address) 3432 Frederick Ave.

1268-9

F 05716

16 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) CITY OF BALTIMORE: (No. 4014 Penhurst Ave St., 15-91 Ward)

(b) If not in city or town where death occurred LIFE mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella M. Warnefeld

(a) Residence: No. 4014 Penhurst Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: (a) HUSBAND of (b) WIFE of late William H Warnefeld

7. DATE OF BIRTH (month, day, year) Apr. 6th. 1867

8. Years	Months	Days	If LESS than 1 day, hrs. or min.
67	6	9	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Andrew Smith

13. BIRTHPLACE (city or town) (State or country) Balto. Md.

14. MAIDEN NAME Margaret Kelly

15. BIRTHPLACE (city or town) (State or country) Balto. Md.

16. INFORMANT Mrs. George Wessel
(Address) 81 West 40th. St.

17. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 10/18/34 19

18. UNDERTAKER George J. Barley.
(Address) 1800 W Fayette St.

19 Huntington Williams, M.D.
Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 . 1934 to Oct 15 . 1934

I last saw h alive on Oct 15 . 1934 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic colonitis	3 years
Chronic nephritis	3 years
Other contributory causes of importance:	
Anemia	18 Mos

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. Frederick Love, M. D.

(Address) Temple Garden Apts

208-9

F 05717

HEALTH DEPARTMENT—CITY OF BALTIMORE

717

CERTIFICATE OF DEATH

145-001

ACE OF DEATH St. Agnes Hospital

OF BALTIMORE: (No. Wilkens & Caton Avenues St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

f residence in city or town where death occurred yrs. Life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Ora Samuel Smith

Residence: No. 2619 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

arried, widowed, or divorced RAND of WIFE of Thomas E. Smith

OF BIRTH (month, day, year) Dec. 15-1905

Years	Months	Days	If LESS than 1 day, hrs. or min.
28	10	0	

ade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Md.

NAME Edw. J. Weinkam

BIRTHPLACE (city or town) (State or country) Balto. Md

MAIDEN NAME Elizabeth Wick

BIRTHPLACE (city or town) (State or country) Balto Md

ORMANT Mrs. Thomas E. Smith

Address) 2619 Wilkens Ave

RIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 10/17 1934

DERTAKER Geo. A. Taylor

Address) 1700 W. Baltimore St

1934 Huntington Williams, N.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-4-34. 19 . to 10-15. 1934

I last saw h alive on 10-15. 19 34 Death is said to have occurred on the date stated above, at 8°° A. m.

The principal cause of death and related causes of importance were: Puerperal Sepsis 5/28/34

Pyelitis 6/10/34

Multiple abscesses 6/26/34

(area)

Other contributory causes of importance:

Malnutrition 7/10 (3)

Cachexia 7/10 (5)

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Carl G Merkel M. D.

(Address) St Agnes Hosp

268-9

F 05718

18 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

If residence in city or town where death occurred, [illegible] mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Louis Denhardt

Residence: No. 1716 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	widowed

If married, widowed, or divorced HUSBAND of [illegible] WIFE of Josephine Feinstein (dead)

DATE OF BIRTH (month, day, year) July 19th 1859

6. Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	2	26	

7. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Baltimore

FATHER'S NAME John Denhardt

FATHER'S BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Rebecca Wagner

MOTHER'S BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Rhonda Bay City Hosp
(Address)

BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date 10/19/34

UNDERTAKER E. J. Fanning & Son
(Address) 1935 E. Lafayette Ave.

[illegible] Registrar.

1934

RPW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1934 to Oct 15, 1934

I last saw him alive on Oct 15, 1934. Death is said to have occurred on the date stated above, at 6:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertension? Myocardial Insufficiency? Congestive failure	1 Mo

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Pharell, M. D.

(Address) Bay City Hosp

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 5719

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH St. Josephs Hospital 4-21 St., Ward)

BALTIMORE: (No.) 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

residence in city or town where death occurred yrs. mos.

L NAME Beatrice E. Barber

Residence: No. Elkridge Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
wh	Single

ried, widowed, or divorced AND of WIFE of

OF BIRTH (month, day, year) June 2 1917

Years	Months	Days	If LESS than 1 day, hrs. or min.
17	4	15	

ie, profession, or particular nd of work done, as spinner, wyer, bookkeeper, etc. Domestic

ustry or business in which ork was done, as silk mill, w mill, bank, etc

deceased last worked at is occupation (month and ar)

11. Total time (years) spent in this occupation

HPLACE (city or town) te or country) Elkridge, Md

AME Herbert E Barber Md.

RTHPLACE (city or town) (State or country)

AIDEN NAME Lavinia Gardner

RTHPLACE (city or town) (State or country) Elkridge Md

RMANT Herbert E Barber
ddress) Elkridge Md.

AL, CREMATION, OR REMOVAL

ce Elkridge Md Date 10-21 19 34

ERTAKER Elliott Funeral Home
ddress)

7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from virus + autopsy, 19..... I last saw h.. alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

Contusion + edema of Brain — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation Decompression Date of 10/14/34

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/10/34

Where did injury occur? Washington Rd + Patapsco Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while walking along road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 223 E Madison St.

F 05720

2268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

720

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 2580 Druid Park Dr. 13th Ward)

of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Helen D. BURNETT

) Residence: No. 2580 Druid Park St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

arried, widowed, or divorced
SBAND of
) WIFE of Samuel P. Burnett

E OF BIRTH (month, day, year) NOV-30-1866

Years	Months	Days	If LESS than 1 day, hrs. or min.
68	10	16	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) New York
(State or country) U. S.

NAME Richard Dickinson

BIRTHPLACE (city or town) New York
(State or country) America

MAIDEN NAME E. Riker

BIRTHPLACE (city or town) New York
(State or country) New York

FORMANT Mrs. Schuester

(Address) 2580 Druid Park

RIAL, CREMATION, OR REMOVAL

Place Long Island, N.Y. (Date) Oct 19 19 34

NDERTAKER F. X. Hubert & Son

(Address) 1305 Eutaw Place

LED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7 1934 to Oct 16 1934

Last saw h[illegible] alive on Oct 16 1934 Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	1/1934

Other contributory causes of importance:

Arteriosclerosis	1/1934

Name of operation No Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas H Carter M. D.

(Address) 3013 St Paul St

F 05721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-004

Registered No.

CE OF DEATH

F BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

L NAME Baby Gunkel

Residence: No. 1215 N. Potomac St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

ried, widowed, or divorced
AND of
WIFE of

OF BIRTH (month, day, year) Oct 15/34

Years	Months	Days	If LESS than 1 day, hrs. or 12 min

ie, profession, or particular nd of work done, as spinner, wyer, bookkeeper, etc. none

ustry or business in which ork was done, as silk mill, w mill, bank, etc.

e deceased last worked at is occupation (month and ar)

11. Total time (years) spent in this occupation

HPLACE (city or town) te or country) Balto., Md.

AME Elmer John Gunkel

RTHPLACE (city or town) (State or country) Balto., Md.

AIDEN NAME Edna Koehner

RTHPLACE (city or town) (State or country) Balto., Md.

RMANT Hospital Records
ddress)

AL, CREMATION, OR REMOVAL

ce Date 19

ERTAKER Retained at St. Joseph
ddress)

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malformation (Dwarf)	

Other contributory causes of importance:

Name of operation Cesarean Birth Date of Oct 15/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Carlson Coroner, M. D.

(Address) 1501 E Monument

F 05722

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05722

CERTIFICATE OF DEATH

99 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 4633 Schenley Road St., 27-01 Ward)

f residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME George T. Rohr

) Residence: No. 4633 Schenley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

arried, widowed, or divorced
SBAND of
WIFE of Hunter R. Rohr

E OF BIRTH (month, day, year) July 11, 1847

Years	Months	Days	If LESS than 1 day, hrs. or min.
87	3	4	

ade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. butcher

dustry or business in which work was done, as silk mill, saw mill, bank, etc. 01-3

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Frederick Co. Md.

NAME Philip O. Rohr

BIRTHPLACE (city or town) (State or country) Charlestown, W.Va.

MAIDEN NAME Catherine Spongeller

BIRTHPLACE (city or town) (State or country) Emmitsburg, Md.

FORMANT Harry Rohr
Address) 4633 Schenley Road

RIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Oct. 18, 19

DERTAKER A. E. Marshall
Address 3539 Falls Road

18 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-1 1934 to Oct. 15 1934

I last saw h[im] alive on Oct-15 1934 Death is said to have occurred on the date stated above, at 8-15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardeal Insufficiency	Oct 1. 1934
Coronary Occlusion Thrombosis Adams Syndrome. Complete Heart Block	Oct 3. 1934
Other contributory causes of importance: Senile Asteris Sclerosis Hypertension	2

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Gibson Porter M. D.

(Address) 4822 Roland Ave

Reason 05723 ✓ F 05723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 920 S. Sharp St. 23-01 Ward)

residence in city or town where death occurred 65 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

LL NAME Mary E. Gross

Residence: No. 920 S Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4 Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Colored	Widow

rried, widowed, or divorced
BAND of
WIFE of Wm. Gross

OF BIRTH (month, day, year) 1869

Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
ndustry or business in which work was done, as silk mill, saw mill, bank, etc.
ate deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

THPLACE (city or town) Balto. Md
tate or country)

NAME John H. Bishop

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME Priscilla Jennings

BIRTHPLACE (city or town) Md
(State or country)

FORMANT Elizabeth Ward
Address) 920 S. Sharp St

RIAL, CREMATION, OR REMOVAL
lace Mt Auburn Date Oct 21 1934

DERTAKER James A. Sayer
Address) 142 W. Fayette St

Ass't Registrar

LED OCT 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1934 to Oct 17, 1934

I last saw h alive on 19 death is said to have occurred on the date stated above, at 6:30 am

The principal cause of death and related causes of importance were as follows:

Pneumonia Contributory Cerebral Hemorrhage — Date of onset Sept 17 1934

Other contributory causes of importance:

Arteriosclerosis — Date of onset ...

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. K. Hinkle M. D.

(Address) 712 S Wash Pl

05724 F 05724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Woman's Hospital

OF BALTIMORE: (No. John + Lafayette St. 25-01 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. John Helen Marie Younger

(a) Residence: No. 4019 Orchard Ave. Brooklyn Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

(If married, widowed, or divorced) (a) WIFE of John Charles Younger

DATE OF BIRTH (month, day, year) Nov. 1, 1899

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	11	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 15 yrs.

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME John W. Robinson

BIRTHPLACE (city or town) (State or country) New York

MAIDEN NAME Maude Clayland

BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs. Younger (mother in law)

(Address) 4019 Orchard ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct. 19. 1934

UNDERTAKER Hayes & Wittel

(Address) 4101 Broadway

FILED 8 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from October 8. 1934. to October 16. 1934

I last saw h er alive on October 16. 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis (post operative)	x 14 34
Paralytic Ileus	x 14 34

Other contributory causes of importance:

1) Modified Gilliam suspension x 10/34
Name of operation 2) Drainage of abdomen Date of x/16/34
Appendectomy
Cholostomy

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Glenn Wilson Zerdes M. D.

(Address) Woman's Hospital Baltimore, Md.

68-B 05725 ✓ F 05725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

CE OF DEATH

F BALTIMORE: (No. 3445 Rustenburg Road St., 40th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

L NAME Samuel Sacks

Residence: No. 3445 - Rustenburg Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	married

rried, widowed, or Divorced
BAND of
WIFE of Annie Sacks

OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

de, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Tayler

dustry or business in which work was done, as silk mill, aw mill, bank, etc.:

te deceased last worked at this occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) Russia
ate or country)

AME Salomon Sacks

IRTHPLACE (city or town) Russia
(State or country)

AIDEN NAME Bertha

IRTHPLACE (city or town) Russia
(State or country)

ORMANT Bessie Sacks
Address) 3445 Rustenburg Road

RIAL, CREMATION, OR REMOVAL
ace Hebrew Washington Date 9-20-19 34

DERTAKER Jack Levin Inc
Address) 1439 E Baltimore St

8 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 963 Orland

F 05726

F 05726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 at 2 p m

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 3433 Park Heights Ave. 15-01 Ward)

If residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Max Kerber

Residence: No. 3433 Park Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

Married, widowed, or divorced
HUSBAND of
WIFE of — Single

DATE OF BIRTH (month, day, year) Feb 11 1888

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	8	6	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. — Cutter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Cloak 180

The deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) State or country) N. Y.

NAME OF FATHER Adolph Kerner Austria

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME OF MOTHER Regina Friedberg Austria

BIRTHPLACE (city or town) (State or country)

INFORMANT Harry Kerber
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Cem Date Oct 18 1934

UNDERTAKER Sol Levinson Bro
Address 1127 E Baltimore St

FILED 1934 Huntington Williams Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1934 to Oct. 17 1934

I last saw him alive on Oct. 17 1934 Death is said to have occurred on the date stated above, at 5:05 A.m.

The principal cause of death and related causes of importance were as follows:

Hypertension
Hypertensive Cardio-Vascular Disease with hypertrophy & dilatation

Date of onset

Other contributory causes of importance:

Emphysema
Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B W Dolkod M. D.

(Address) Sinai Hosp.

F 05727

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05727

119

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Maryland General Hospital St., 10 Ward)

If residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Angela Salvitti

(a) Residence: No. 933 Hollins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white Italian	single

If married, widowed, or divorced
HUSBAND of
WIFE of

DATE OF BIRTH (month, day, year) Jan 28 1934

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	8 mo	11 days	

12. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...0...

13. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

14. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

15. BIRTHPLACE (city or town) Baltimore
(State or country)

16. NAME OF FATHER Paul Salvitti

17. BIRTHPLACE (city or town) Italy
(State or country)

18. MAIDEN NAME OF MOTHER Mrs Lena Ciancio

19. BIRTHPLACE (city or town) Italy
(State or country)

20. INFORMANT Mr Paul Salvitti
(Address) 933 Hollins St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct 20 1934

UNDERTAKER Frank Della Noce
(Address) 52 N. Morley St.

FILED ... Registrar.

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-17-34 to 10-17-34

I last saw her alive on 10-17-34 Death is said to have occurred on the date stated above, at 6.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal toxemia with Convulsions	10-17

Other contributory causes of importance: ...0...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) John N. Barnaby M.D.

(Address) Maryland General Hosp

F 05728

F 05728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

BALTIMORE (No.) 3301 Weden ave ST. 25-01 WARD

FULL NAME Thomas H. Mayo

RESIDENCE NO. 3301 Weden ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male Col	married

Married, widowed, or divorced HUSBAND of WIFE of Jennie Mayo

DATE OF BIRTH (month, day, and year) Dec 5 1861

Years	Months	Days	If LESS than 1 day, hrs or min.
3		11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) N. C.

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (city or town) (State or country) Ne

MAIDEN NAME OF MOTHER Bridge Carter

BIRTHPLACE OF MOTHER (city or town) (State or country) Ne

Informant Jennie Mayo

Address 3301 Weden ave

Filed Oct 17 1934 By Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct-16 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct-10 1934 to Oct-16 1934

that I last saw him alive on Oct-15 1934

and that death occurred, on the date stated above, at 8:30 p m.

The CAUSE OF DEATH* was as follows:

Left hemiplegia

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Rheumatism

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Grip

(Signed) W. T. Coleman M. D.

(Address) 5109 Reisterstown

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

DATE OF BURIAL Oct 20 1934

20 UNDERTAKER Robert Williams

ADDRESS 1515 McCulloh

68-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 15729

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH: Union Memorial Hospital

OF BALTIMORE: (No. 33rd and Calvert St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If residence in city or town where death occurred 14 yrs. 3 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Walker

Residence: No. 2529 Reb6 St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Married

If married, widowed, or divorced HUSBAND of WIFE of Mrs James Walker

DATE OF BIRTH (month, day, year) March 22, 1865

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	24	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Painter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Date deceased last worked at this occupation (month and year) 1) Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER James Walker

BIRTHPLACE OF FATHER (State or country) Scotland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (State or country) Md

INFORMANT Wm. G. Woolford

(Address) 739 Mc Cabe Ave

BURIAL, CREMATION, OR REMOVAL

Place North Cem Date 10/18 1934

UNDERTAKER Wm Coates & Son

(Address) 1217 E Fayette St

OCT 18 1934 Huntington Avenue Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17 1934

22. I HEREBY CERTIFY, That I attended deceased from October 14 1934 to October 17 1934.

I last saw him alive on October 17 1934 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 10-14-34

Other contributory causes of importance:

Name of operation Craniotomy, left Date of 10-15-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Landon Tinsley Lake M. D.

(Address) this mem. Hospital.

8-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05730

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. City Hospital St., 8-01 Ward)

residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Mary M. Boosman

Residence: No. 2805 E Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race: old White

5. Single, Married, Widowed, or Divorced (write the word): Married

ried, widowed, or divorced BAND of WIFE of: William L Boosman

OF BIRTH (month, day, year): Dec 16, 1860

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	0	

de, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Housework

ustry or business in which work was done, as silk mill, law mill, bank, etc.: 137

e deceased last worked at his occupation (month and year)

11. Total time (years) spent in this occupation

HPLACE (city or town, ate or country): Baltimore Md

AME: George Groesinger

IRTHPLACE (city or town) (State or country): Germany

AIDEN NAME: Rachel Kreist

IRTHPLACE (city or town) (State or country): Baltimore Md

DRMANT: Wm L Boosman

Address): 2805 E Chase St

IAL, CREMATION, OR REMOVAL: Mt Calvary Date 10/19 1934

DERTAKER: Wm Cook & Son

Address): 1217 E Fayette St

ED 10 18 1934 Wilkinson Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5-0 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Fracture L Femur accidental	

Name of operation: Date of

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 10/10, 1934

Where did injury occur? 2805 E Chase (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Fell down Steps

Nature of injury Fracture L Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Lerch M.D. M. D.
Coroner

(Address) 3052 Alberta Parkway

68-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05731

Registered No. 107-001

31

CE OF DEATH

F BALTIMORE: (No. 3526 Frankford Ave St 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

L NAME James M. Kennedy

Residence: No. 3526 Frankford ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	Married

rried, widowed, or divorced
BAND of
WIFE of Anna E Kennedy

OF BIRTH (month, day, year) May 30 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	15	

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Salesman 66

dustry or business in which work was done, as silk mill, aw mill, bank, etc.

te deceased last worked at this occupation (month and ear)

11. Total time (years) spent in this occupation

THPLACE (city or town) Ireland
ate or country)

AME James M. Kennedy

BIRTHPLACE (city or town) Ireland
(State or country)

MAIDEN NAME Sarah Patton

BIRTHPLACE (city or town) Ireland
(State or country)

ORMANT Anna E. Kennedy
Address) 3526 Frankford Ave

RIAL, CREMATION, OR REMOVAL

rkwood Cem. Date 10/18/34 19

DERTAKER Leonard F. Finch
Address) 5305 Harford Rd.

Registrar

OCT 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15/34 19

22. I HEREBY CERTIFY, That I attended deceased from September 4th 33 to October 15th 19 34

last saw h alive on October 15 19 34 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	10/12/34
Other contributory causes of importance: Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis Clinical as there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Victor Wilberg M. D.

xx 1524 N. Patterson Park
A

E 05732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

BALTIMORE: (No. 1125 N. Fulton Ave. 16-01 Ward)

How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

residence in city or town where death occurred ....yrs. ....mos. ....ds.

L NAME Mamie Tolefson

Residence: No. 1125 N. Fulton Ave. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race: White — 5. Single, Married, Widowed, or Divorced (write the word): Widow

ried, widowed, or divorced) AND of WIFE of: John Tolefson

OF BIRTH (month, day, year): Sept 19-1874

Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
60	0	29	

le, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Housework

ustry or business in which work was done, as silk mill, ew mill, bank, etc.: 037

e deceased last worked at this occupation (month and ear)

11. Total time (years) spent in this occupation

PLACE (city or town) (State or country): Frd. Co. Md.

AME: Daniel Pearl.

IRTHPLACE (city or town) (State or country): Md.

AIDEN NAME: Lucy Irene Zimmerman

IRTHPLACE (city or town) (State or country): Frederick Md.

EMANT: Esley M. Kahlenberg

ddress): 1400 Hollins

IAL, CREMATION, OR REMOVAL

ce: Loudon Park Date: Oct 19. 1934

DERTAKER: Mr. Mrs. John W. Pinkelston

ddress): 801 W. Fayette St

OCT 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

Suicide by Asphyxiation by Illuminating Gas.

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was an autopsy ma...

23. If death was due to external cause (violence) fill in answers to the following: Suicide Date of injury Oct 16 1934

Accident, suicide or homicide?

Where did injury occur? 1125 N. Fulton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify .....

(Signed) A. L. Luck Coroner, M. D.

(Address)

F 05733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)

If residence in city or town where death occurred 8 yrs. ___ mos. ___ da. How long in U. S. if of foreign birth 35 yrs. ___ mos. ___ ds.

FULL NAME Anna Olsen

Residence: No. 3631 Yolanda Rd St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Widow

Married, widowed, or divorced HUSBAND of WIFE of Martin Olsen

DATE OF BIRTH (month, day, year) 4-12-1876

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	5	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Stavanger Norway

NAME Ole Halvorsen

BIRTHPLACE (city or town) (State or country) Norway

MAIDEN NAME Olsen

BIRTHPLACE (city or town) (State or country) Norway

INFORMANT F. M. Halvig

Address 3631 Yolanda Rd.

BURIAL, CREMATION, OR REMOVAL Evergreen Date 10-20-34

UNDERTAKER Geo. J. Kuhl Son

Address 1748 Edmondson Ave.

Date 10-20-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1934 to October 17, 1934

I last saw h er alive on October 17, 1934 Death is said to have occurred on the date stated above, at 11:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Hypertension	
3. Chronic myocarditis	
4. Chronic nephritis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. W. Mayenschein, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCT 23 1934

F 05734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 834 Play St., 11-01 Ward)

If residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret Green

Residence: No. 834 Play St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

If married, widowed, or divorced
HUSBAND of
WIFE of Charles Green

DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
30			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Tennessee

NAME unknown

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Amanda Simmons

BIRTHPLACE (city or town) (State or country) Tennessee

INFORMANT Charlie Green

(Address) 834 Play St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date Oct 17th 1934

UNDERTAKER Archibald A. Cobbs

(Address) 2101 McCulloh St.

FILED Oct 18 1934 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 34

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1934 to Oct 15 1934

I last saw h[illegible] alive on Oct 15 1934 10:30 Am Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset Oct 11 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) [illegible] M. D.

(Address) [illegible]

F 05735

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05735

46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) CITY OF BALTIMORE: (No. 313 Overhill Road, 12-9 Ward)

(b) If not in city or town where death occurred, length of residence in city or town 87 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ella Ferguson Ward

(c) Residence: No. 313 Overhill Rd, Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: WIFE of Henry Veazey Ward

7. DATE OF BIRTH (month, day, year) April 14 1847

8. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	6	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation Life

10. BIRTHPLACE (city or town) Balto, Md.
(State or country)

12. NAME Jas Henry Ferguson

BIRTHPLACE (city or town) Balto, Md
(State or country)

13. MAIDEN NAME Lavinia Ward Henderson

BIRTHPLACE (city or town) Balto, Md.
(State or country)

14. INFORMANT Erwin R. Roach

(Address) 611 Park Ave, Balto. Md.

15. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 19th 1934

16. UNDERTAKER Henry H. Jenkins Sons

(Address) Cathedral & Mt. Vernon Pl

17. Filed Oct 19 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from 1933, 19..., to 10-16, 1934

I last saw her alive on 10-16, 1934 Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF CECUM	1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) John A. Torsey, M. D.

(Address) 1129 St. Paul St.

F 05736

05736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Greenway Apts
OF BALTIMORE: (No. 34 W 25th St & Charles St 12-01 Ward)

of residence in city or town where death occurred 50 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eugenia F Porter.

) Residence: No. Greenway Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White - Amer	Widowed

Married, widowed, or divorced
(HUSBAND of
) WIFE of Wm F Porter

E OF BIRTH (month, day, year) Sept 16 1849

Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
85	1	17 11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

RTHPLACE (city or town) Jacksonville
State or country) Ill

NAME Oscar Fitzsimmons

BIRTHPLACE (city or town) Selinsgrove
(State or country) Pa

MAIDEN NAME Cornelia —

BIRTHPLACE (city or town)
(State or country) Ill

FORMANT C C Garrels

(Address) 626 N Mt Ave Pittsburgh Pa

TRIAL, CREMATION, OR REMOVAL Colma Md

Place Nottingham Cem Date Oct 19 19 24

NDERTAKER Henry H Frukenkamp Sons Co

(Address) N Carlton & Orchard Sts

1934 Huntington Ave Filed Oct 19 1924 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 1924

22. I HEREBY CERTIFY, That I attended deceased from 1925 to Oct 16 1924

I last saw her alive on Oct 16 1924. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio sclerosis	Jan 1924

Other contributory causes of importance:

advanced age

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Gehret M. D.

(Address) 1402 Park Ave

F 05737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34

PLACE OF DEATH Johns Hopkins Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

OF BALTIMORE: (No.) St., 14-01 Ward)

(If residence in city or town where death occurred) Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cecelia Young

Residence: No. 1616 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Black	Widow

If married, widowed, or divorced HUSBAND of WIFE of Percival Ming

DATE OF BIRTH (month, day, year) 9/1/1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	13	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

NAME OF FATHER John Saunders

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME OF MOTHER Charlotte Hyll

BIRTHPLACE (city or town) (State or country) Md.

INTERMENT Records —
(Address)

BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 10/18/34

UNDERTAKER Mrs. George F. Holland
(Address) 1620 Eutaw Pl. Ave

Date 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934, to Oct 14, 1934

I last saw her alive on Oct 14, 1934 Death is said to have occurred on the date stated above, at 5:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, generalized marked	10 years
Aneurysm of aorta & rt. innominate artery	2 yrs ago
Incidental obstruction	2-3 hrs ago

Other contributory causes of importance:

Syphilis - positive W.R.

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry D. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

F 05738

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05738

54-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH
(a) CITY OF BALTIMORE: (No. Good Shepherd Hospital 16-01 St., Ward)
(b) If not in city or town where death occurred, give CITY or TOWN and COUNTY ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Hattie A. Matthews

(a) Residence: No. 808 N. Fremont Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Married

If married, widowed, or divorced
HUSBAND of John R.
OR WIFE of

DATE OF BIRTH (month, day, year) ? 1896

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

NAME OF FATHER Anderson Lee

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME OF MOTHER ? Burns

BIRTHPLACE (city or town) (State or country) Va

INFORMANT John R. Matthews
(Address) 1631 Druid Hill

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 10/18/34 19

UNDERTAKER Wm. George E. Holland
(Address) 1631 Druid Hill Ave

FILED Oct 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Oct 15 1934
I last saw her alive on Oct 15 1934 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation (Mitral Insufficiency)	
Other contributory causes of importance: Multinodular Fibroma Uteri	?

Name of operation Hysterectomy Date of 10/15/34
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S B Hughes M. D.
(Address) 1413 Druid Hill Ave

5739

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05739

CERTIFICATE OF DEATH

123

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 606 Eislen St. 22-61 Ward)

of residence in city or town where death occurred 10 yrs. + mos. + ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lucile Anderson

Residence: No. 606 Eislen St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col	

Married, widowed, or divorced
HUSBAND of
WIFE of — Single

DATE OF BIRTH (month, day, year) Oct 12 1915

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	0	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rag Packer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spoke Co

Date deceased last worked at this occupation (month and year) June - 1934 | 11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Spartanburg S Carolina

NAME OF FATHER Simpson Anderson

BIRTHPLACE (city or town) (State or country) Spartanburg S Carolina

MAIDEN NAME OF MOTHER Geneva Nesbitt

BIRTHPLACE (city or town) (State or country) Spartanburg S Carolina

INFORMANT Geneva Anderson

(Address) 606 Eislen

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10/18/34 19

UNDERTAKER Chas G. Corpe

(Address) 5154 N Calhoun St

FILED 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct - 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug - 25 1934 to Oct 14 1934

I last saw h... alive on Oct 14 1934 Death is said to have occurred on the date stated above, at 11 10 a m

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — 3 mos — | Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? Rag If so, specify - Sorting

(Signed) David Evanslen M. D.

(Address) 1224 Lee St —

F 05740

268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Johns Hopkins Hospital

OF BALTIMORE: (No. ____ St., 4-01 Ward)

If residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

FULL NAME John Smith

Residence: No. 816 Gorsuch Ave St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	

If married, widowed, or divorced
HUSBAND of
or WIFE of

DATE OF BIRTH (month, day, year) Oct 1932

Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
2	1		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (None)

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

NAME OF FATHER Geo Smith

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME OF MOTHER ?

BIRTHPLACE (city or town) (State or country) ?

LAST PERMANENT RESIDENCE (Address) Reisterstown

BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 10/19/1934

UNDERTAKER Robert Brooks & Son
(Address) Eutaw - Hoffman Sts

Huntington Williams, M.D.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-17-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-15-1934 to Oct-17-1934

I last saw her alive on Oct-17-1934 Death is said to have occurred on the date stated above, at 3.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendix	10-13-34
Peritonitis, organism unknown	10-13-34

Other contributory causes of importance:

Name of operation Abdominal drainage Date of 10-15-34

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

(Chalkley) F 05741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 8-01 Ward)

If residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Albert A. Chalkley

Usual Residence: No. 2110 Mura Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widower

If married, widowed, or divorced HUSBAND of WIFE of Mary Chalkley.

DATE OF BIRTH (month, day, year) 1871

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
3			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

FATHER'S NAME William

FATHER'S BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME OF MOTHER Jumito Lacy

MOTHER'S BIRTHPLACE (city or town) (State or country) Va

INFORMANT Albert Chalkley

(Address) 2110 Mura St

BURIAL, CREMATION, OR REMOVAL

Place St Johns Date Oct 22nd 1934

UNDERTAKER Geo M Emmickson

(Address) 811 W Lee St Balto Md

Huntington Millsville, Md.

Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-7/34 19 to 10/18/34 19

I last saw him alive on 10/17/34 19 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall Bladder with Generalized Abdominal metastasis	
Other contributory causes of importance: Bronchopneumonia	

Name of operation Enterostomy Date of 10/9

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

F 05742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH University Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

IF IN BALTIMORE: (No. ..... St., 28-a! Ward)

Usual residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jerome White

Residence: No. 3001 Milford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

If married, widowed, or divorced: HUSBAND of / WIFE of Florence White

DATE OF BIRTH (month, day, year) October 17, 1904

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	10	18	

Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Civil Engineer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.R.R Co

If the deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Philadelphia Pa

NAME George Jr. White

BIRTHPLACE (State or country) Maryland

MAIDEN NAME Elmira Nin

BIRTHPLACE (city or town) (State or country) Philadelphia

RESIDENCE M. J. Williams Clinton Heights Penna

BURIAL, CREMATION, OR REMOVAL formerly Cem. Rockdale Pa Date 10/20 34

UNDERTAKER William Cook

Address 1217 St Paul Street Huntington Williams, Mgr.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1934 to October 17, 1934

I last saw h[illegible] alive on October 17, 1934 Death is said to have occurred on the date stated above, at 10-10 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	
Terminal Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Helen 9 Maginnis, M. D.

(Address) University Hospital

107-001 F 05743

CS-9

43 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH Baltimore City Hospitals

CE OF DEATH Registered No.

F BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Jones William Lord

Residence: No. 510 N Bruce St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or race: Male Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

rried, widowed, or divorced BAND of Fannie Lord

OF BIRTH (month, day, year): April 25, 1888

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5	18	

ade, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc.: Laborer

dustry or business in which work was done, as silk mill, aw mill, bank, etc.: 3 0 30

te deceased last worked at this occupation (month and year): 3

11. Total time (years) spent in this occupation: 2

THPLACE (city or town, State or country): North Carolina

AME: Albert Lord

BIRTHPLACE (city or town) (State or country): N.C.

MAIDEN NAME: Emma Spot

BIRTHPLACE (city or town) (State or country): North Carolina

ORMANT: Hosp Records

Address)

RIAL, CREMATION, OR REMOVAL

lace: University of Md Date: Oct 18, 1934

DERTAKER: Ward

Address)

Huntington Ave

1934 07.36

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 13, 1934

I HEREBY CERTIFY, That I attended deceased from Sept 5, 1934 to Oct 13, 1934

I last saw him alive on Oct 12, 1934 Death is said to have occurred on the date stated above, at 2:35 A.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia Lobular 1 yr. — Date of onset

Other contributory causes of importance: Broncho-pneumonia 1 day

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [redacted] M. D.

(Address) [redacted]

F 05744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (Tb) St., 3-01 Ward)

OF BALTIMORE: (No. ..... St., ... Ward)

If residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Alfonse Strickland

Residence: No. 243 S. Central ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Widower

Married, widowed, or divorced
HUSBAND of
WIFE of Unknown

DATE OF BIRTH (month, day, year) Feb. 26, 1907

Years	Months	Days	If LESS than 1 day, hrs. or min.
27	7	18	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Georgia

NAME Bonie Strickland

BIRTHPLACE (city or town) (State or country) Georgia

MAIDEN NAME Lizzie Smith

BIRTHPLACE (city or town) (State or country) Georgia

INTERMENT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 15 19 34

UNDERTAKER
(Address)

OCT 8 1934 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1933 to October 14, 1934

I last saw him alive on October 14, 1934 Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1932
Other contributory causes of importance:	

Name of operation ..... Date of ..... Was there an autopsy? No

What test confirmed diagnosis? Clin.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

68-9

F 05745

45 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

CE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

F BALTIMORE: (No. Baltimore City Hospitals 4-01 Ward)

residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Earnest Price

Residence: No. 217 Myrtle Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

rried, widowed, or divorced HAND of WIFE of —

OF BIRTH (month, day, year) May 23 1922

Years	Months	Days	If LESS than 1 day, hrs. or min.
12	4	19	

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. School Pd

ustry or business in which work was done, as silk mill, aw mill, bank, etc.

e deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) Baltimore

AME Richard

IRTHPLACE (city or town) Baltimore

AIDEN NAME Carrie Taylor

IRTHPLACE (city or town) Baltimore

ORMANT Friends

ddress) East. City Hosp.

IAL, CREMATION, OR REMOVAL

ace University of Md Date Oct 15, 19

DERTAKER

ddress)

Huntington Williams, M.D. Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934 to Oct 12, 1934

I last saw h alive on Oct 12, 1934 Death is said to have occurred on the date stated above, at 6.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute rheumatic pericarditis	1 wk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. P. Magill, M. D.

(Address) East City Hosp

68-9

(Schmicht)

F 05746

46 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. Baltimore City Hosp 76-01 St., Ward)

residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME George Schmicht

Residence: No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

ried, widowed, or divorced
BAND of
WIFE of

OF BIRTH (month, day, year) 1850

Years	Months	Days	If LESS than 1 day, hrs. or min.
84			

de, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. None

ustry or business in which work was done, as silk mill, aw mill, bank, etc. None

e deceased last worked at his occupation (month and ear) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

AME Hannah

BIRTHPLACE (city or town) (State or country) Germany

AIDEN NAME ?

BIRTHPLACE (city or town) (State or country) Germany

ORMANT Friends

Address) Back of Hosp

IAL, CREMATION, OR REMOVAL

ace Univ of M Date Oct 15 19 34

DERTAKER

Address)

E 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1933 to Oct 13, 1934

I last saw him alive on Oct 13, 1934 Death is said to have occurred on the date stated above, at 3:15 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	2 wks
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Phagil M. D.

(Address) Back City Hosp.

68-9

F 05747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. Baltimore City Hospitals St. 12-21 Ward)

residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Martha Barnes

Residence: No. 428 Wordley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col.	widowed

rried, widowed, or divorced
BAND of ?
WIFE of

OF BIRTH (month, day, year) ?

Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

ade, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Cook

dustry or business in which work was done, as silk mill, aw mill, bank, etc. Private

te deceased last worked at this occupation (month and ear) 1921

11. Total time (years) spent in this occupation

THPLACE (city or town) Charlotte
tate or country) Va

AME Simon Harvey

IRTHPLACE (city or town) Charlotte
(State or country) Va

AIDEN NAME Jennie Jackson

IRTHPLACE (city or town) Charlotte
(State or country) Va

ORMANT Records
Address) Balt City Hosp

RIAL, CREMATION, OR REMOVAL

lace University of Md Date Oct 18 . 19 34

DERTAKER

Address)

D 1934 Huntington Frost Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from May 26 . 1933 to Oct 15 . 1934

I last saw h alive on Oct 15 . 1934 Death is said to have occurred on the date stated above, at 7:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Hypocardiac Insufficiency	2 yrs

Other contributory causes of importance:

Name of operation ..... Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J Phagil M. D.

(Address) Balt City Hosp.

1208-0

F 05248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 161-001

PLACE OF DEATH

OF BALTIMORE: (No. 4008 Hillcrest Av St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Janet Helmick

) Residence: No. 4008 Hillcrest Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	

married, widowed, or divorced
SBAND of
) WIFE of

E OF BIRTH (month, day, year) 10-11-34

Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Arthur Helmick

BIRTHPLACE (city or town) Colorado
(State or country)

MAIDEN NAME Frances Whipp

BIRTHPLACE (city or town) Maryland
(State or country)

FORMANT Francis Whipp
(Address) 4008 Hillcrest Ave

URIAL, CREMATION, OR REMOVAL

Place Dulaney Date Oct 18, 19 34

NDERTAKER

(Address)

Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1934 to 10-16, 1934

I last saw h.. alive on 10-16, 1934 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Atalectasis ?	10-11
Mal-Nourishment	10-13

Other contributory causes of importance:

Obstructive Jaundice ?	10-14

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Saul Lukin, M. D.

(Address) 533 Cathedral Ave

—M. & T.—250 Blks

F 05749

49

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

BALTIMORE: (No.) 2412 Annapolis Ave (St.) 25-01 (WARD)

FULL NAME Clifton L. Monroe

RESIDENCE NO. 2412 Annapolis Ave (St.) WARD

(Usual place of abode) (If non-resident give city or town and State)

If residence is city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Colored	Single

Married, widowed, or divorced
HUSBAND of
WIFE of —

DATE OF BIRTH (month, day, and year) May 30, 1887

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	4	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer City Bath Md

BIRTHPLACE (city or town) (State or country) John W. Monroe

NAME OF FATHER

BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant Benjamin Fleet

(Address) 2412 Annapolis Ave

Filed 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16, 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 6, 1934 to Oct 16, 1934

that I last saw h alive on Oct 13, 1934

and that death occurred, on the date stated above, at 5.30 p. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Heart Failure

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm. H. Howell M.D.

Oct. 17, 1934 (Address) 601 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park National Cem

DATE OF BURIAL October 19 1934

20 UNDERTAKER Joseph A Lively

ADDRESS 409 North Mount St

F 05750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. 9-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. St. Joseph Hospital St. Ward)

residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Margaret Higgins

Residence: No. 2011 Cecil Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Widow

ried, widowed, or divorced
BAND of Michael
WIFE of

OF BIRTH (month, day, year) Jul 5/1862

Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5 3	12	

de, profession, or particular kind of work done, as spinner, wyer, bookkeeper, etc. None

untry or business in which work was done, as silk mill, w mill, bank, etc.

e deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

HPLACE (city or town) Baltimore, Md.
ate or country)

AME Patrick O'Neill

IRTHPLACE (city or town) Ireland
(State or country)

AIDEN NAME Margaret Shea

IRTHPLACE (city or town) Ireland
(State or country)

RMANT Mrs. Howard Bamber
ddress) 2011 Cecil Ave

IAL, CREMATION, OR REMOVAL

ace Cathedral Cemetery Date Oct 19, 1934

DERTAKER [illegible]
ddress)

1934 [illegible] Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.25 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	
Other contributory causes of importance: Fractured left forearm & clavicle	Oct 7/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Oct 7/34

Where did injury occur? Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell down stairs (2nd to 1st)

Manner of injury in residence.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [signature] M. D.

(Address) 1006 N. [illegible] Coroner

268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 48

751

CERTIFICATE OF DEATH

Registered No. 10051

ACE OF DEATH

F BALTIMORE: (No. 733 E 23rd St., 9-001 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

f residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Mabel Krause

Residence: No. 733 E 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

rried, widowed, or divorced
BAND of Samuel Krause
WIFE of

OF BIRTH (month, day, year) 1881

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	—	—	

ode, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Housewife

dustry or business in which work was done, as silk mill, saw mill, bank, etc. 037

te deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Philadelphia
tate or country)

AME Ellis Graham

BIRTHPLACE (city or town) Charlestown
(State or country) Mass

MAIDEN NAME Mary Clark

BIRTHPLACE (city or town) Pennsylvania
(State or country)

ORMANT Miss Ethel Krause
Address) 733 E. 23rd St

AL, CREMATION, OR REMOVAL Loc Md

Date Oct 19, 1934

DERTAKER John M Waddell

Address) 901 E. 22nd St

1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to Oct 17, 1934

last saw her alive on 10/17/34 Death is said to have occurred on the date stated above, at 2:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	10/14/34
Carcinoma of Lung	10/10/34

Other contributory causes of importance:

Carcinoma of Ovary Suspected	6/30/34

Name of operation Laparotomy. Date of 8/9/34

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas White M. D.

(Address) 532 E. 22nd St

268-9

F 05752

HEALTH DEPARTMENT—CITY OF BALTIMORE

752

CERTIFICATE OF DEATH

X 122-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH JOHNS HOPKINS HOSPITAL

OF BALTIMORE: (No. ..... St., 1-01 Ward)

f residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

LL NAME Theresa Feil

) Residence: No. Marilyn Ave St., ... Ward. Newman Penn
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

rried, widowed, or divorced
HUSBAND of
WIFE of John

E OF BIRTH (month, day, year) 7/2/1877

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	1	16	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Maryland
(State or country)

NAME Fr Hecker

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Theresa Reuter

BIRTHPLACE (city or town) Germany
(State or country)

FORMANT Friends —
Address) JOHNS HOPKINS HOSPITAL

RIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct. 21, 1934

NDERTAKER Hy G. Connelly & Son Inc.
(Address) 1111 Mt. Royal Ave.

LE 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934 to Oct 18, 1934

I last saw h.e alive on Oct 18, 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Ventral hernia c mesenteric thrombosis. — Date of onset 10-16-34

Other contributory causes of importance:

Strangulation of bowel c ileus — 10-17-34

Name of operation Repair ventral hernia Date of 10-16-34

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Woodhall M. D.

(Address) Johns Hopkins

CR-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 05753

53

CERTIFICATE OF DEATH

X 34

CE OF DEATH U.S. Marine Hospital, Baltimore, Md.

F BALTIMORE: (No. ..... St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred ..... yrs. 3 mos. ..... ds. How long in U. S. If of foreign birth? 47 yrs. ..... mos. ..... ds.

L NAME Einar Olsen

Residence: No. 127 Bainbridge St., Philadelphia St., Pa. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	white	single

rried, widowed, or divorced
BAND of
WIFE of

OF BIRTH (month, day, year) April 30, 1867

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	5	17	

ade, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. A.B. Seaman

dustry or business in which work was done, as silk mill, aw mill, bank, etc. Seaman

te deceased last worked at his occupation (month and year) Aug. 15, 1934

11. Total time (years) spent in this occupation

THPLACE (city or town) Oslo
tate or country) Norway

NAME John Olsen

BIRTHPLACE (city or town) Voss
(State or country) Norway

MAIDEN NAME Regina Ellefsen

BIRTHPLACE (city or town) Arandal
(State or country) Norway

ORMANT Records, U.S. Marine Hospital
Address) Baltimore, Md.

RIAL, CREMATION, OR REMOVAL.

lace St. Mary's, Hanover Date Oct 19, 1934

DERTAKER George Stiller, Inc.
Address) 125 E. Monument

Huntington Williams M.D.
Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1934 to October 17, 1934

I last saw him alive on October 17, 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, tertiary	Unk.
Aneurism, abdominal aorta	"
Tuberculosis, pulmonary, chr. arrested	"
Myocarditis, chronic	"
Other contributory causes of importance:	
Hypertrophy, cardiac	"
Auricular fibrillation	"

Name of operation -- Date of .....

What test confirmed diagnosis? Autop. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. M. Harden, M. D.

(Address) U.S. Marine Hospital, Balto.

F 05754 ✓ F 305754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Seven Mile Lane St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William Henry Hogarty

Residence: No. Belair Road Fullerton Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

If married, widowed, or divorced
HUSBAND of
WIFE of Mary Elizabeth Hogarty

DATE OF BIRTH (month, day, year) Jan-3-1861

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	9	15	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

NAME OF FATHER Edward K. Hogarty

BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs Mary E. Hogarty

(Address) Fullerton Md

BURIAL, CREMATION, OR REMOVAL

(Name) New Cathedral Date Oct-20, 1934

UNDERTAKER Easton Sons

(Address) Ellicott City Md

Filed 1934 Huntington Pct

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John H. Mowbray, M. D.

(Address) 16 E Roland Ave

✓ F 05755

F 05755

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Union Memorial Hospital

OF BALTIMORE: (No. ..... St., 12-21 Ward)

of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr. William P Scott

Residence: No. Cambridge Arms Apts St., Charles & 34th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	married

If married, widowed, or divorced
HUSBAND of ~~wife~~ Kathryn Scott

DATE OF BIRTH (month, day, year) July 3 1894

Years	Months	Days	If LESS than 1 day, hrs. or min.
40	3	15	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.	Auto Body Builder
Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Business
Date deceased last worked at this occupation (month, year)	11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) West Virginia

NAME OF FATHER John Scott

BIRTHPLACE (city or town) (State or country) West Virginia

MAIDEN NAME OF MOTHER Kathryn Hunter

BIRTHPLACE (city or town) (State or country) West Virginia

INFORMANT Mrs. Kathryn Scott

(Address) Cambridge Arms Apt

BURIAL, CREMATION, OR REMOVAL

Place Wheeling W Va Date Oct 18 1934

UNDERTAKER H. J. Tichgen & Sons

(Address) North & Pa Ave

DATE RECEIVED Oct 19 1934 Huntington W Va

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1933 to Oct 18, 1934

I last saw h(im) alive on Oct 18, 1934 Death is said to have occurred on the date stated above, at 2:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	2 yrs
Intestinal Obstruction	2 wks

Other contributory causes of importance:

Name of operation Resection of rectum, colostomy Date of Aug 1932

What test confirmed diagnosis? Path Exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Rankin Timberlake, M. D.

(Address) V. M. H.

E 05756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1906 E. Federal St. St., 6-01 Ward)

If residence in city or town where death occurred 55 yr. 0 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME LOUIS C. KLERLEIN

Residence: No. 1906 E. Federal St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Divorced

Married, widowed, or divorced
HUSBAND of WIFE of Clara Klerlein

DATE OF BIRTH (month, day, year) Oct. 11, 1879

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	0	6	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofc

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME OF FATHER Gustav Klerlein

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME OF MOTHER Amelia Wack

BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT George Klerlein

Address 1600 N. Wolfe St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 19, 1934

UNDERTAKER from Undertaker

(Address) Forest Avenue

Oct 19 1934 J.J. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1934 to Oct 17 1934

I last saw him alive on Oct 17 1934. Death is said to have occurred on the date stated above, at 4 45 p m.

The principal cause of death and related causes of importance were as follows:

cardiac exhaustion — Date of onset 1 da

Other contributory causes of importance:

carcinoma of stomach — 6 mo.

Name of operation ... Date of No.

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Sanderson M. D.

(Address) 1714 N Caroline St.

F 05757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05757

94-002

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Baltimore City Hospitals St. 5-01 Ward)

of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Cecilia Thomas

) Residence: No. 1347 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	colored	married

married, widowed, or divorced
HUSBAND of
) WIFE of Charles (Sep)

DATE OF BIRTH (month, day, year) Nov. 19 ?

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	10	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

NAME OF Jem Atkins

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Caroline ?

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Friends

(Address) Balt. City Hospitals

BURIAL, CREMATION, OR REMOVAL

Place Md. - Auburn Cemetery Date Oct 19. 1934

UNDERTAKER T. E. Kelso

(Address) 1303 Pennsylvania Ave

Oct 19 1934 Registrar. Md. - Auburn for Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14. 1934 to Oct. 16. 1934

I last saw her alive on Oct 16. 1934 Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	Few
Other contributory causes of importance:	
Cancer uteri & Ego	2 Yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Phagiel, M. D.

(Address) Balt City Hosp.

F 05758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. City Hospital St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If residence in city or town where death occurred Sole yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Albert Gaither

(a) Residence: No. 2318 Penna Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced — HUSBAND of / WIFE of: Mary E Gaither

7. DATE OF BIRTH (month, day, year): Aug 14 1874

8. Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: James Gaither

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME OF MOTHER: Eliza Archer

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Julia Wood 1507 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem Date Oct 19 34

19. UNDERTAKER (Address): Thos E. Kelly 1303 Presstman St

20. Oct 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2309 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue and Pharynx	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P Peregoy M D, M. D.

(Address) 1305 N Patterson Park Ave

F 05759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1435 Holbrook St. 9-01 Ward)

(If residence in city or town where death occurred) 77 yrs. — mos. — ds. How long in U. S. If of foreign birth 77 yrs. — mos. — ds.

FULL NAME Barbara E. Hoffman

Residence: No. 1435 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

If married, widowed or divorced
HUSBAND of the late
WIFE of Justus C. Hoffman

DATE OF BIRTH (month, day, year) March 30 1855

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	6	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	10. Total time (years) spent in this occupation
Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
Date deceased last worked at this occupation (month and year)	

None

BIRTHPLACE (city or town) Germany
(State or country)

NAME OF FATHER Wm. Heim

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE (city or town) Not known
(State or country)

INFORMANT M. Albert E. Hoffman
(Address) 1435 Holbrook St.

BURIAL, CREMATION, OR REMOVAL
Place Mount Olivet Cemetery Oct. 20, 1934

UNDERTAKER Family Funeral Home, Inc.
(Address) 1301 E. Baltimore St.

DATE 1934 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-15-34 to 10-17-34

I last saw her alive on Oct. 17th, 1934. Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk ago
Hypertension	
Paralysis	
Other contributory causes of importance:	
acute Dilatation of Heart	1 dy

Name of operation — Date —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jr. Wallace Duff M. D.

(Address)

F 05760

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05760

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Hospital St., [illegible] Ward)

If residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard McHale

Residence: No. 733 Chesterfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

Married, widowed, or divorced
HUSBAND of
WIFE of

DATE OF BIRTH (month, day, year) May 13, 1854

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Michael McHale

BIRTHPLACE (city or town) (State or country) Ireland.

MAIDEN NAME Elizabeth Trench

BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT (Address) Mrs. Catherine McDonald

BURIAL, CREMATION, OR REMOVAL Place Cathedral Date Oct 20 1934

UNDERTAKER (Address) Libby + Zila Inc. 403 [illegible] Mayfield St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-8-34 19 to 10-17-34 19

I last saw him alive on 10-17-34 19 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	10-8
Other contributory causes of importance: Apoplexy	10-8-34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. S. Boyer M. D.

(Address) Mercy Hospital

F 05761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Little Sisters of the Poor St., 1200 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James Rowles

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	married

Married, widowed or divorced
HUSBAND of
WIFE of Fannie Gillispie

DATE OF BIRTH (month, day, year) 28 Feb. 1859

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
"	7	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

14. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Walter Rowles

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME Eleanore Bennett.

BIRTHPLACE (city or town) (State or country)

INFORMANT Sister Stanislas, Sup.
Address Little Sisters of the Poor - 1200 Valley St.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 19, 1934

UNDERTAKER Reid Wardwell
Address

FILED 1934 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 18 October, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to Oct 18 1934

I last saw him alive on Oct 17th 1934 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	
Arteriosclerosis	2 yr
Uremia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Biopsy Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Carter, M. D.

(Address) 111 N. Harford Ave

268-9

762

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05762

97

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 720 W. 34th Street St., 13-01 Ward)

If residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. if of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Margaret A. Litchfield

Residence: No. 720 West 34th Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

If married, widnwed, or divorced WIFE of HUSBAND of Joseph H. Litchfield

DATE OF BIRTH (month, day, year) May 14, 1854

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	3	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

FATHER'S NAME Andrew J. Sakers

FATHER'S BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME OF MOTHER Mary L. Hitchins

MOTHER'S BIRTHPLACE (city or town) (State or country) Washington, D.C.

INFORMANT Mrs. Saarizbaugh

(Address) 720 W. 34th Street

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct. 20, 1934

UNDERTAKER A. S. Waugh Sons

(Address) 2129 Eutaw Place

FILED 1934 Harrington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934 to Oct 17, 1934

I last saw her alive on Oct 17, 1934. Death is said to have occurred on the date stated above, at 8-15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolism	2
General arteriosclerosis	

Other contributory causes of importance:

Cardiosclerosis

Name of operatinn ..... Date of .....

What test confirmed diagnosis? C.S. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Dorsey Jr. M. D.

(Address) 3419 Chesterfield Ave.

1268 05763 ✓ F 05763

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 2013 Garrison Mount St., 9-01 Ward)

of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

39 2 3

FULL NAME Ella Louise Nelson

) Residence: No. 2013 Garrison Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

arried, widowed, or divorced)
SBAND of Robert B. Nelson
) WIFE of

E OF BIRTH (month, day, year) Aug-15-1875

Years	Months	Days	If LESS than 1 day, hrs. or min.
59	2	3	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. None

ate deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

BIRTHPLACE (city or town) Martinsburg
State or country) W. Va.

NAME William Smith

BIRTHPLACE (city or town) Martinsburg
(State or country) W. Va.

MAIDEN NAME Sarah Entler

BIRTHPLACE (city or town) Martinsburg
(State or country) W. Va.

ORMANT Mrs Julia A. Poole (daughter)

Address) 3718 Sayward Rd

RIAL, CREMATION, OR REMOVAL

Place Loraine Park Date Oct 20 '34

DERTAKER Stewart Mortuary

Address 1201 Mount Ave.

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1933 to 10-18, 1934

I last saw h alive on 10-17, 1934 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Enlarged heart - General arteriosclerosis - Hypertension -	several years.
Other contributory causes of importance: Cerebral hemorrhage (Hemiplegia)	10-17 '34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Strauss M. D.

(Address) Medical Arts Bldg.

✓ F 05764

05764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) CITY OF BALTIMORE: (No. 3411 Cedardale Road St. 15-01 Ward)

(b) If not in city or town where death occurred 85 yrs. 4 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(c) FULL NAME Anna Eliza Livingston

Residence: No. 3411 Cedardale Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

6. If married, widowed, or divorced: HUSBAND of or WIFE of James H. Livingston Sr.

7. DATE OF BIRTH (month, day, year) May 18, 1849

Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	29	

8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Lewis Kellum

13. BIRTHPLACE (city or town) (State or country) Virginia

14. MAIDEN NAME Sarah Jane Fairbanks

15. BIRTHPLACE (city or town) (State or country) Bath Maine

16. INFORMANT Mr. James H. Livingston Jr.
(Address) 3411 Cedardale Road

17. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Oct 19, 1934

18. UNDERTAKER The J. Turner & Son
(Address) Ford Pl

19. FILED [illegible] Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1934 to Oct 17/34 19..

I last saw her alive on Oct 16 1934. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage + paralysis	Oct 3 1934
Myocarditis about 6 yrs duration	
Other contributory causes of importance: Arteriosclerosis	1928

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Mitchell M.D.

(Address) 2220 Garrison Blvd

268-B

F 05765

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05765

CERTIFICATE OF DEATH

× 46

PLACE OF DEATH — ST. JOSEPH'S HOSPITAL

OF BALTIMORE: (No. BALTIMORE, MD. St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If residence in city or town where death occurred 59 yrs. mos. 7 ds. How long in U. S. If of foreign birth 27 yrs. mos. ds.

FULL NAME Catherine Glowacki

(a) Residence: No. Hanover, Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Married

(If married, widowed, or divorced) WIFE of Thomas Glowacki

DATE OF BIRTH (month, day, year) 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 37

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

NAME OF FATHER Maciej Bolcer

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME OF MOTHER Agnes ?

BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Thomas Glowacki

(Address) Hanover Md.

BURIAL, CREMATION, OR REMOVAL

Sacred Heart of Mary Date Oct. 20th 1934

UNDERTAKER George A. Weber

Address Nos. 2 and 4 Jones street

Huntington Station, N.Y.

FILED 139 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 11, 1934, to October 18, 1934.

I last saw her alive on October 18, 1934. Death is said to have occurred on the date stated above, at 11½ A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of stomach	?
2. Extension to transverse colon	
3. Intestinal obstructions	

Other contributory causes of importance:

1. Cachexia
2. Ind anaemia

Name of operation — Date of —

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W M Marinella, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 65766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

Registered No.

CE OF DEATH

F BALTIMORE: (No. Hopkins Hospital St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

L NAME Esipanio Ferraro

Residence: No. 926 Homestead St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	married

ried, widowed, or divorced
AND of Maria A.
WIFE of

OF BIRTH (month, day, year) 1880

Years	Months	Days	If LESS than 1 day, hrs. or min.
54			

le, profession, or particular nd of work done, as spinner, wyer, bookkeeper, etc. Laborer

ustry or business in which ork was done, as silk mill, w mill, bank, etc. Baltc. City

e deceased last worked at is occupation (month and ar)

11. Total time (years) spent in this occupation

PLACE (city or town) te or country) Italy

AME Frank Ferraro

RTHPLACE (city or town) (State or country) Italy

AIDEN NAME Unknown

RTHPLACE (city or town) (State or country) Italy

RMANT Angeline Ferraro
ddress) 926 Homestead St

AL, CREMATION, OR REMOVAL
Holy Redeemer Date Oct 20, 1934

ERTAKER Wendell J Dippd
ddress) 300 S Edwards St

D 19 1934 19 Hauled to Hillside, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion (Heart)	???

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos Haven M. D.
Coroner

(Address) 508 E Fayette

0—M. & T.—250 Blks

767

F 05767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

34

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 833 Harlem Ave 16-01 WARD)

FULL NAME Hallie M. Green

RESIDENCE NO. 833 Harlem Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

If residence is city or town where death occurred Life mos. ds. How long is U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Colored	Single

If married, widowed, or divorced
HUSBAND of
or WIFE of

DATE OF BIRTH (month, day, and year) Nov 22 1887

Years	Months	Days	If LESS than 1 day, hrs. or min.
46	10 11	25 24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Maid 070

(b) General nature of industry, business, or establishment in which employed (or employer) Furniture Store

(c) Name of employer

BIRTHPLACE (city or town) Balto Md

(State or country)

NAME OF FATHER John Green

BIRTHPLACE OF FATHER (city) Newburn N.C

(State or country)

MAIDEN NAME OF MOTHER Frances Howard

BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

Informant Alberta Pipes

(Address) 830 Harlem Ave

OCT 19 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 16. 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 13 1934 to Oct 16 1934

that I last saw her alive on Oct 16 1934

and that death occurred, on the date stated above, at 4.15 p m.

The CAUSE OF DEATH* was as follows:

Aneurysm (Aorta)

(duration) Not Known

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Regular

(Signed) W. F. Howell M. D.

8/10/35 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL W. M. Auburn

DATE OF BURIAL 10 20 1934

20 UNDERTAKER Paul W. Chase & Son

ADDRESS 638 N. Gilmor

. 1268-9

5768

E 05768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

LACE OF DEATH

OF BALTIMORE: (No. 702 N. Port St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

ULL NAME Leontina Reibelang

a) Residence: No. 702 N. Port. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widowed

married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of J. Louis Reibelang

TE OF BIRTH (month, day, year) Feb. 9- 1865

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69.	10	9.	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Frederick Frethe

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mr. Albert Seibritz

(Address) 1414 W. Saratoga St.

URIAL, CREMATION, OR REMOVAL

Place Louden Park Date Oct. 20 1934

NDERTAKER Joseph Lefer

(Address) 1000 W. Pratt

~~1934~~ 1934 ~~H. E. [illegible] Registrar.~~

T 19134 CLERK

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1934 to Oct 18 1934

I last saw her alive on Oct 18 1934 Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis (Chronic)	Oct 4/34
Cardio-vascular renal	2yrs-
Arteriosclerosis	5yrs
Other contributory causes of importance:	
aortic + mitral Insufficiency	2yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) Louis F. Klemm M. D.

(Address) 722 N. Kenwood Ave

05769) F 05769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

PLACE OF DEATH Aged Mens Home — Registered No. 19-01

OF BALTIMORE: (No. 1400 W. Lexington St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Walters

(a) Residence: No. 1400 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) October 1, 1846

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	0	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Md.

NAME OF FATHER Benjamin F. Walters

BIRTHPLACE OF FATHER (city or town) (State or country) ?

MAIDEN NAME OF MOTHER Christine Adams

BIRTHPLACE OF MOTHER (city or town) (State or country) ?

INFORMANT Records of Aged Mens Home (Address) 1460 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL Place Mount Lebanon Cemetery Date Oct 19. 1934

UNDERTAKER F. Vernon Kechner (Address) 1532 Hollins St.

FILED Oct 20 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10. 1934 to October 17. 1934

I last saw him alive on October 17. 1934 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilitation	10-17-34
Other contributory causes of importance: Arterio-sclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Dixon Mowes M. D.

(Address) 1 Franklin Square Hospital

68-9

05770 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05770

CERTIFICATE OF DEATH

✓ 165

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 658 W Franklin St. Ward)

residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

L NAME Tormod Olaf Pederson

Residence: No. 658 W. Franklin Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

4. Color: White — 5. Single, Married, Widowed, or Divorced (write the word): Widowed

ried, widowed or divorced
AND of
WIFE of

F BIRTH (month, day, year) 1884

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50			

le, profession, or particular nd of work done, as spinner, wyer, bookkeeper, etc. Mechanic

ustry or business in which ork was done, as silk mill, w mill, bank, etc. Ship dockyard

e deceased last worked at is occupation (month and ar) 1 Total time (years) spent in this occupation 686

HPLACE (city or town) te or country) Norway

AME Mikkelsen

RTHPLACE (city or town) State or country) Norway

AIDEN NAME Mikkelsen

RTHPLACE (city or town) State or country) Norway

MENT N. W. Police Record

dress Philadelphia Pa

L. Date 10-19-34

ERTAKER Brent Eastcal

dress) 716 Pennsylvania

D. 19 Registrar.

1304 E. Fort Ave.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17th or 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

Inquiry

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Hanging,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, homicide? Suicide Date of injury Oct 17 1934

Where did injury occur? 658 W Franklin (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Hanging

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Leuk Coroner M. D.

(Address) Coroner

F 05771

268-9

71 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE (No. 622 N.Belnord Ave St., 17-01 Ward)

f residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? 49 yrs. mos. ds.

LL NAME Josephine Handlir

) Residence: No. 622 N.Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowe

arried, widowed, or divorced
SBAND of Joseph Handlir
WIFE of

E OF BIRTH (month, day, year) Unknown

Years	Months	Days	If LESS than 1 day.... hrs. or min.
73			

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

dustry or business in which work was done, as silk mill, saw mill, bank, etc

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Austria

NAME John Zak

BIRTHPLACE (city or town) (State or country) Bohemia

MAIDEN NAME Anna Teplic

BIRTHPLACE (city or town) (State or country) Bohemia

FORMANT (Address) Carrie Kral 948 N.Collington Ave

RIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct.22 19 34

NDERTAKER (Address) Frank Cvach & Son 1906 AshlandAve

Huntington Ave

LED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1934 19 to Oct 18, 1934 19 I last saw h alive on Oct 13, 1934 19 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	
Fecal Asystoly	

Other contributory causes of importance:

Intestinal Obstruction

Name of operation Cholecystotomy Date of Aug 1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph Tokonay M. D.

(Address) 2200 E Madison St

F 05772

05772

HEALTH DEPARTMENT—CITY OF BALTIMORE

87-001

CERTIFICATE OF DEATH

Registered No. 5-01

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Janie Johnson

Residence: No. 4114 Curtis Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Married

If married, widowed, or divorced HUSBAND of WIFE of Tom Johnson

DATE OF BIRTH (month, day, year) About 1876

Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) North Carolina

NAME OF FATHER John Watson

BIRTHPLACE (city or town) (State or country) Ga

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) ?

INFORMANT Friends Balt City Hosp.

(Address)

BURIAL, CREMATION OR REMOVAL

Place Sollers a.a.Co. md Date Oct 20th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Filed Oct 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22. 1934 to Oct. 17. 1934

I last saw her alive on Oct 17. 1934 Death is said to have occurred on the date stated above, at 8:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, (a)	1 hr
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. Phaziel, M. D.

(Address) Balt City Hosp.

F 05773

05773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 2824 Clifton Ave St., 15-41 Ward)

(If residence in city or town where death occurred) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William G. Dawson

Residence: No. 2824 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or WIFE of): Jennie Dawson

DATE OF BIRTH (month, day, year): Nov 30th 1856

Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	18	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: T. E. Smith

The deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 10 Yrs

BIRTHPLACE (city or town) (State or country): New York City

NAME OF FATHER: George B. Dawson

BIRTHPLACE (city or town) (State or country): New York

MAIDEN NAME OF MOTHER: Eliza Potter

BIRTHPLACE (city or town) (State or country): New York

INFORMANT (Address): Mrs Jennie Dawson 2824 Clifton Ave

BURIAL, CREMATION, OR REMOVAL: Mt Olivet 10/20/34

Place: Date: 19

UNDERTAKER (Address): William Cook 1217 St Paul Street

FILED: 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Oct 17, 1934

I last saw him alive on Oct 11, 1934 Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical — was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. Neale Whitelaw, M. D.

(Address) 2417 N. Monroe St

F 05774 Lucas

93-004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17-01

PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 2308 Creighton St., 17 Ward)

If residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Benjamin L. Hammen

Residence: No. 2308 Creighton St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	M

Married, widowed, or divorced HUSBAND of WIFE of John T. Hammen

DATE OF BIRTH (month, day, year) Sept 1-1861

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	17	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm 027

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

FATHER'S NAME William T. Preston

FATHER'S BIRTHPLACE (city or town) (State or country) Balto Md.

MAIDEN NAME OF MOTHER Lizzie Jackson

MOTHER'S BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT John L. Hammen

(Address) 2308 Creighton

BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 10/20/34

UNDERTAKER Leonard Kirch

(Address) 2115 Harford Rd

1934 — 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18/34

22. I HEREBY CERTIFY, That I attended deceased from aug 12 1934 to Oct 18 1934

last saw him alive on oct 17 1934 Death is said to have occurred on the date stated above, at 2.55 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency — Date of onset Aug 12 1934

Other contributory causes of importance: Arterio Sclerosis — a number 9 years

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Baltimore Md.

F 05775

1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ..... yrs. ..... mos. 27 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da. X

FULL NAME Robert King

) Residence: No. 28 2nd ave St., Lansdowne Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	White	Single

arried, widowed, or divorced
SBAND of
) WIFE of

E OF BIRTH (month, day, year) 5-15-15

Years	Months	Days	If LESS than 1 day, hrs. or min.
19	5	4	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

ndustry or business in which work was done, as silk mill, saw mill, bank, etc

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

NAME Harvey King

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Anne Sass

BIRTHPLACE (city or town) (State or country) Md

FORMANT Records

(Address)

RIAL, CREMATION, OR REMOVAL Morgt Cemetery Date 10/22 . 1934

Place Hampden

NDERTAKER F H McCauley

(Address) 128 E Fort Ave

Registrar.

334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22 . 1934 to Oct 19 . 1934

I last saw him alive on Oct 19 . 1934 Death is said to have occurred on the date stated above, at 3:15 A m.

The prinripal cause of death and related causes of importance were as follows:

1 Cerebral Syphilis Lethargica Inanition — Date of onset 9-19

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? S & H. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harvey D. Stebbins . M. D.

(Address) The Johns Hopkins Hospital

1268-B

F 05776

HEALTH DEPARTMENT—CITY OF BALTIMORE

776

CERTIFICATE OF DEATH

✓ 122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 5107 Ivanhoe Ave. St. 27-W Ward)

of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Page F. Triplett,

) Residence: No. 5107 Ivanhoe Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

arried, widowed, or divorced
SHAND of Prudence Triplett,
WIFE of

E OF BIRTH (month, day, year) January 1, 1867

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	9	17	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. Ob.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Kerns
State or country) West Virginia

NAME Randolph Triplett,

BIRTHPLACE (city or town) (State or country) West Virginia

MAIDEN NAME Sallie Kettle,

BIRTHPLACE (city or town) (State or country) West Virginia

FORMANT Mrs Prudence Triplett,
Address) 5107 Ivanhoe Ave

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Date OCT 22 1934

DERTAKER Geo W Cittle

Address) 2700 Edmondson Ave

1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17. 1934 to Oct 18 1934

I last saw h[illegible] alive on Oct 18 1934 Death is said to have occurred on the date stated above, at 11:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	?
Hypertension	?
Other contributory causes of importance:	
Illness, Paralysis	Oct 17 '34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Wallace Thomas M. D.

(Address) 3136 Eastern Ave

268-9

F 05777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-021

Registered No. 27-01

ACE OF DEATH

OF BALTIMORE: (No. 5917 Falls Road St.) Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

f residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME JAMES J. GANEY.

) Residence: No. 5920 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

rried, widowed, or divorced
SBAND of Nannie M. Ganey
WIFE of

OF BIRTH (month, day, year) February 6th. 1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	12	

ade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper Plumbing

dustry or business in which work was done, as silk mill, saw mill, bank, etc. Business 059

te deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Baltimore Md.

NAME Timothy Ganey

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Jessie Roddy

BIRTHPLACE (city or town) (State or country) Scotland

FORMANT (Address) Mrs. Nannie M. Ganey 5920 Falls Road.

RIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Oct. 22nd, 1934

DERTAKER (Address) Chas E. Evans & Son 118 W. Mt. Royal Ave.

1934 Huntington Williams, Nyt 0552

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21 1933 to October 18 1934

I last saw h/r alive on October 14 1934 Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
VALVULAR HEART DISEASE (MITRAL REGURGITATION)	Sept 1933
Other contributory causes of importance: ACUTE DILATATION OF HEART	Oct 18. 1934

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. C. Hoffman M. D.

(Address) 8 East Read St

1268-9

F 05778

HEALTH DEPARTMENT—CITY OF BALTIMORE

5778

CERTIFICATE OF DEATH

✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 201 Ridgemeade Road St., 12-01 Ward)

of residence in city or town where death occurred 63 yrs. 10 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Alice Nock Gaither

) Residence: No. 201 Ridgemeade Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

arried, widowed, or divorced
SBAND of
) WIFE of George M. Gaither

E OF BIRTH (month, day, year) Dec 12, 1870

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	6	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. 07

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Baltimore
State or country) Md.

NAME Nicholas N. Nock

BIRTHPLACE (city or town) Md.
(State or country)

MAIDEN NAME Alice B. White

BIRTHPLACE (city or town) Md.
(State or country)

FORMANT Geo. M. Gaither Jr.
Address) 201 Ridgemeade Road

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct 20, 34

NDERTAKER John O. Mitchell Sons
Address) 1900 Eutaw Place

LED Huntington Williams, M.D. Registrar.

934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 — 1934 to Oct 18 — 1934

I last saw h alive on Oct 18 — 1934 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage due to Coronal Arterio Sclerosis	10/13/34
Complete L&R Hemiplegia	
Other contributory causes of importance: Cirrhosis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jefferson Brack, M. D.

(Address) 2811 St Paul St

30—A & Co.—250 Blks

779

E 05779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. ..... (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 234 W. Lafayette Ave. 11-01 WARD)

FULL NAME Elizabeth Kirkman Massie

RESIDENCE NO. 234 W Lafayette Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 2 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
White	Widowed

(If married, widowed, or divorced)

6 WIFE of Patrick Cabell Massie

7 DATE OF BIRTH (month, day, and year) Dec. 4, 1870

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	14	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Tuscaloosa

(State or country) Alabama

10 NAME OF FATHER Hugh Kirkman

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Alabama

12 MAIDEN NAME OF MOTHER Jane S. Eddins

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Alabama

14 Informant Mrs Randall Mabry

(Address) 234 W Lafayette ave

15 Filed ..... 19 1934 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 18/34

17 I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to Oct 18 1934.

that I last saw her alive on Oct 18 1934.

and that death occurred, on the date stated above, at 11:30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma Ascending Colon.

Contributory

Duration yrs. mos. ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of Nov. 1933.

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H H Woody M. D.

. 19 (Address) 140 Park Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Philips Church Cemetery

DATE OF BURIAL 10-20 1934

20 UNDERTAKER Laurel Md

ADDRESS Orchard McCubbin

Henry W Deaton's Son Co.

268-9

F 05780

HEALTH DEPARTMENT—CITY OF BALTIMORE

780

CERTIFICATE OF DEATH

129

Registered No.

ACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 16-01 Ward)

f residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Mary Williams

) Residence: No. 1708 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Single

rried, widowed, or divorced
SBAND of
WIFE of

OF BIRTH (month, day, year) ? 1913

Years	Months	Days	If LESS than 1 day, hrs. or min.
21			

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Middlesex Co. Va.

NAME Liza Williams

BIRTHPLACE (city or town) (State or country) Middlesex Co Va.

MAIDEN NAME Maggie Johnson

BIRTHPLACE (city or town) (State or country) Middlesex Co Va.

FORMANT A. Rosefelt Williams

Address) 506 N. Monkton St.

RIAL, CREMATION, OR REMOVAL

Place Middlesex Va. Date Oct 20 1934

DERTAKER Mr. George F. Holland

Address) 1631 Druid Hill Ave

Huntington Williams, M.D., Registrar.

1934 6 A.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1934 to Oct 15 1934

I last saw h alive on Oct 15 1934 Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Terminal	3 days

Other contributory causes of importance:

Endocarditis Chronic	3 mos
Edema Pulmonary	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Huntington Williams M. D.

(Address) Provident Hospital

Lot 2211

(Foote)

F 05781

1268-9

781 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 82 Cor St Mary + Duncan St., 4 Ward)

of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Georgiana Foote

) Residence: No. 82 Cor St Mary + Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Widowed

arried, widowed, or divorced
SBAND of
) WIFE of Wm Foote

E OF BIRTH (month, day, year) Aug 15 1855

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	2	1	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
dustry or business in which work was done, as silk mill, saw mill, bank, etc.
ate deceased last worked at this occupation, (month and year)

Retired

11. Total time (years) spent in this occupation

THPLACE (city or town) Harford Co
State or country) Md

NAME Wm. E Caldwell

BIRTHPLACE (city or town) Harford Co
(State or country) Md

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

ORMANT Angie Ross
Address) S.E. Cor St Mary + Duncan

RIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 19 1934

NDERTAKER Mrs George H. Holland
Address) 1763 Edmondson Ave

LED Herrington Williams
Registrar.

1934

ATW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30 1934 to Oct 17 1934

I last saw her alive on Oct 16 1934. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Oct 13 1934

Other contributory causes of importance:

Arteriosclerosis — 7

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Y. Peach M. D.

(Address) 1 W. Mt. Royal Ave

J. C. Cosby M.D.

F 05782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 3804 Greenway St. 12-01 Ward)

If residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Emma L. O'Hara

Residence: No. 3804 Greenway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Widow

If married, widowed, or divorced, HUSBAND of or WIFE of: John F. O'Hara

DATE OF BIRTH (month, day, year): May 12, 856

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	5	6	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.: Hotel 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto Md

NAME OF FATHER: Henry S. Funk

BIRTHPLACE (city or town) (State or country): Balto Co Md

MAIDEN NAME OF MOTHER: Susanna Schuman

BIRTHPLACE (city or town) (State or country): Pa

INFORMANT: Thomas S. Funk

(Address) 3804 Greenway

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: Oct 22, 1934

UNDERTAKER: Henry W. Treanor & Son

(Address) 505 N. Calvert St.

FILED: 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John F. Hammett, M. D. Coroner

(Address) 3932 Roland Ave

1

E 05783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CE OF DEATH

F BALTIMORE: (No. 5511 Hamlet Ave. St. 27-d (Ward)

residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

L NAME Alfred Sandbloom

Residence: No. 5511 Hamlet Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ONAL AND STATISTICAL PARTICULARS

e	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widowed

ried, widowed, or divorced
HAND of Charlotte Sandbloom
WIFE of

OF BIRTH (month, day, year) April. 16 1856

Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
78	6	1	

de, profession, or particular kind of work done, as spinner, wyer, bookkeeper, etc. Farmer (Retired)

ustry or business in which work was done, as silk mill, w mill, bank, etc

e deceased last worked at his occupation (month and ear) 86

11. Total time (years) spent in this occupation

HPLACE (city or town) Sweden
te or country)

AME Unknown

IRTHPLACE (city or town) Unknown
(State or country)

AIDEN NAME

IRTHPLACE (city or town) Unknown
(State or country)

RMANT Edwin Sandbloom
ddress) 5511 Hamlet Ave.

IAL, CREMATION, OR REMOVAL

ce Moreland Park, Date 10/20 1934

DERTAKER 5305 Harford Rd.
ddress)

1934 Huntington Williams N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/17/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Other contributory causes of importance: Fracture of right hip	Aug 26

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of Injury Aug 26/34

Where did Injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place Fell in bedroom of residence

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Bruns M. D.
Coroner

(Address) 508 E. Monument

268-9

E 05784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

784 23

Registered No.

ACE OF DEATH

OF BALTIMORE: (No. 1161 E Lombard St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Harry Graham

) Residence: No. 1161 E Lombard St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

arried, widowed, or divorced
SBAND of Helen Graham
WIFE of

E OF BIRTH (month, day, year) May 7 1865

Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	12	

ade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

dustry or business in which work was done, as silk mill, saw mill, bank, etc 040

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) England
State or country)

NAME Charles Graham

IRTHPLACE (city or town) England
(State or country)

MAIDEN NAME Unknown

IRTHPLACE (city or town) England.
(State or country)

ORMANT Helen Graham

Address) 1161 E Lombard st

RIAL, CREMATION, OR REMOVAL

Date Oct 20 1934

DERTAKER Wendell J Diffendal

Address) 3009 Eden St

Huntington Wilgus MD

Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. F. Herzog MD Coroner, M. D.

(Address) 1305 N. Patterson Park Ave

1268-9

E 05285

785 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Baltimore City Hospitals St., 15-01 Ward)

of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles Madden

(a) Residence: No. 1351 E. Strieber St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Colored	Married

Married, widowed, or divorced
HUSBAND of
WIFE of Mary

DATE OF BIRTH (month, day, year) Aug 26, 1854

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	1	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

NAME Gaupt

BIRTHPLACE (city or town) (State or country) ?

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Balt City Hosp.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date Oct 30 1934

UNDERTAKER Thos E. Kelson
(Address) 1303 Presstman St

FILED ... 1934 ... Registrar.

1024 6 WH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15 1934 to Oct 17 1934

I last saw h[illegible] alive on Oct 17 1934 Death is said to have occurred on the date stated above, at 12 30 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, arteriosclerotic	?
~~Tuma of Lung~~ ?	?
Other contributory causes of importance:	
	unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. P. Magee, M. D.

(Address) Balt City Hosp

268-9

5786 HEALTH DEPARTMENT—CITY OF BALTIMORE 5786

CERTIFICATE OF DEATH

23

Registered No. 17546

ACE OF DEATH

F BALTIMORE: (No. U. S. Marine Hospital, Baltimore, Md. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

f residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

LL NAME Isaac C. Ransom

Residence: No. 615 George Street, Baltimore, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

rried, widowed, or divorced
BAND of Sadie Collins Ransom
WIFE of

OF BIRTH (month, day, year) January 18, 1886

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9		

ade, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Stevedore

dustry or business in which work was done, as silk mill, saw mill, bank, etc.

te deceased last worked at this occupation (month and ear) 1919

11. Total time (years) spent in this occupation

THPLACE (city or town) Matthews Co.
tate or country) Virginia

AME Richard Ransom

IRTHPLACE (city or town) Matthews Co.
(State or country) Virginia

AIDEN NAME Julia Kemp

IRTHPLACE (city or town) Matthews Co.
(State or country) Virginia

ORMANT Records, U.S. Marine Hospital
Address) Baltimore, Md.

IAL, CREMATION, OR REMOVAL
Auburn Gm Date 10-20 1934.

DERTAKER Francis A. Hensley
Address) 518 W Biddle St.

1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1934 to Oct. 18, 1934

I last saw him alive on Oct. 18, 1934 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, active, far advanced	unk.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clin., x-ray, & lab. findings-Yes Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W M Boarder M. D.
(Address) U.S. Marine Hospital, Balto. Md.

268-9

F 05787

HEALTH DEPARTMENT—CITY OF BALTIMORE

87

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

F BALTIMORE: (No. 1006 Billinger Ct St. 10-01 Ward)

f residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Benjamin F. Patterson

Residence: No. 1006 Wallinger Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	widower

rried, widowed, or divorced
BAND of Martha
WIFE of

OF BIRTH (month, day, year) July 17/1854

Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	1	

ide, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Bricklayer

dustry or business in which work was done, as silk mill, aw mill, bank, etc Retired

te deceased last worked at his occupation (month and ear)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Washington, D.C.
ate or country)

AME Charles Patterson

IRTHPLACE (city or town) (State or country) Unknown

AIDEN NAME Unknown

IRTHPLACE (city or town) (State or country)

RMANT Annie Martin
ddress) 1006 Billinger Ct

IAL, CREMATION, OR REMOVAL
ace National Cemetery Date Oct 19, 1934

DERTAKER Elmer H. Conklin
ddress) 3746 Eastern Ave

Oct 19 1934 Huntington Wilkinson M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
General Arteriosclerosis	

Other contributory causes of importance:

General Senile Debility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Wilkinson Coroner, M. D.

(Address) 508 E Monument Ave

268-9

F 05288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

OF BALTIMORE: (No. 414 W. Fayette St., 4-01 Ward)

f residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME William G. B. Mules

Residence: No. 414 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Widower

rried, widowed, or divorced
BAND of Margaret Mules
WIFE of

OF BIRTH (month, day, year) Oct 28-1855

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	20	

ade, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Retired

dustry or business in which work was done, as silk mill, saw mill, bank, etc. Trustee 063

te deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Balto. Md
tate or country)

NAME Thos. H Mules

BIRTHPLACE (city or town) Balto. Md
(State or country)

MAIDEN NAME Elizabeth M Jenkins

BIRTHPLACE (city or town) Balto Md
(State or country)

ORMANT Mrs W. Mules
Address 120 E Bloomingdale Rd

RIAL, CREMATION, OR REMOVAL
lace Loudon Park Date 10/20/34 19

DERTAKER Sloan Wiley & Sons
Address 2503 Eutaw Pl

19 Registrar

No. T 22102

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from
19 to 19

I last saw h alive on 19 Death is said
to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Feldt M. D.
Coroner

(Address) 739 Eastern Ave

1268-9

F 05789

5789 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-001

LACE OF DEATH

Registered No.

OF BALTIMORE: (No. Maryland General 15-01 St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Mrs. Laura White-Corrie

) Residence: No. 2201 Clermont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ed White	Widowed

...rried, widowed, or divorced
...SBAND of
...) WIFE of Simon N. Corrie

E OF BIRTH (month, day, year) April 29, 1891

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	5	18	

...rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

...ndustry or business in which work was done, as silk mill, saw mill, bank, etc. do

...ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

...THPLACE (city or town) Baltimore, Md.
(State or country)

...NAME Charles O. White

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MAIDEN NAME Margaret Hall

BIRTHPLACE (city or town) Baltimore, Maryland
(State or country)

...FORMANT Hospital Records
(Address)

...RIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date 10/20/34

...NDERTAKER Geo. Weber & Son
(Address) 2513 Edmondson Ave

...LED Oct 20 1934 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1934 to October 17, 1934

I last saw her alive on October 17, 1934 Death is said to have occurred on the date stated above, at 12:50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow Atrophy of the Liver - Suicide	10-14-34
Bronchopneumonia	10-16-34
Unconscious Prior to Death	10-14-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harold Elliot Babcock, M. D.

(Address) Maryland General Hospital

1268-9

F 05790

790 HEALTH DEPARTMENT—CITY OF BALTIMORE

X122-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. University Hospital 4-01 Ward)

of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lilly Garrett

Residence: No. Stony Run St., Ward. Hanover, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

Married, widowed, or divorced
HUSBAND of WIFE of Asbury Dawes

DATE OF BIRTH (month, day, year) 1896

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
38			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Maryland.

NAME Hamilton Nicholson

BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MAIDEN NAME Ella Johnson

BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

INFORMANT Asbury Garrett
(Address) Stony Run

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery, Harman, Md. Date Oct. 21, 1934

UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St.

Filed 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17 1934

22. I HEREBY CERTIFY, That I attended deceased from October 7, 1934 to October 17, 1934
I last saw her alive on Oct. 17, 1934 Death is said to have occurred on the date stated above, at 8:45 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic ileus (?) (post operative)	10/15
Uterine Fibroid and Supravaginal hysterectomy	

Name of operation. Supravaginal hysterectomy Date of 10/7/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) John C. Dunker M. D.

Address University Hospital.

9-28—L. F. S.—500 Bks.

F 05791

7791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

PLACE OF DEATH

OF BALTIMORE: (No. 5008 Gwynn Oak Ave ST., 28-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME Alice Price

RESIDENCE NO. 5008 Gwynn Oak Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

If residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~, (write the word)
W.	Single

ried, widowed, or divorced
SBAND of
WIFE of

OF BIRTH (month, day, and year) April 27 1853

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	22	

PATION OF DECEASED

rade, profession or ular kind of work None

eneral nature of industry, ss, or establishment in employed (or employer)

ame of employer

PLACE (city or town) or country) Maryland

AME OF FATHER George R Price

IRTHPLACE OF FATHER (city or town) State or country) Unknown

AIDEN NAME OF MOTHER Susan

IRTHPLACE OF MOTHER (city or town) State or country) Unknown

nformant Harry L Price

ddress) 5008 Gwynn Oak Ave

Huntington Ave Registrar

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19-1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 15 1934 to Oct 19 1934

that I last saw h~~e~~alive on Oct 19 1934

and that death occurred, on the date stated above, at 7.45 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Observation

(Signed) A. C Smith M. D.

Oct 20 1934 (Address) 4509 Liberty Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge Cem

DATE OF BURIAL Oct 22- 1934

20 UNDERTAKER Fortune & Son

ADDRESS 2244 N Charles St

268-9

M E 05792

HEALTH DEPARTMENT—CITY OF BALTIMORE

792

CERTIFICATE OF DEATH

210-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH

F BALTIMORE: (No. Maryland General Hospital St. Ward)

f residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME John L Hassett

Residence: No. Laurel, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

SONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Single

rried, widowed, or divorced
BAND of
WIFE of ✓

OF BIRTH (month, day, year) Jan 20, 1878

Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8	29	

ade, profession, or particular kind of work done, as spinner, awyer, bookkeeper, etc. Laborer

dustry or business in which work was done, as silk mill, aw mill, bank, etc. O+D

te deceased last worked at this occupation (month and ear)

11. Total time (years) spent in this occupation

THPLACE (city or town) ate or country) Va.

AME Bartholomew Hassett

IRTHPLACE (city or town) (State or country) N. Y.

AIDEN NAME Julia Dilworth

IRTHPLACE (city or town) (State or country) N. Y.

ORMANT Juanita Whitehead
ddress) Laurel, Md.

IAL, CREMATION, OR REMOVAL

Green Mount Cem. Date Oct 22, 1934

DERTAKER Del. C. Donaldson

ddress) Laurel, Md

Registrar.

D 1934 6 6 OVER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ungiven, 19..., to ..., 19...

I last saw h... alive on ungiven, 19... Death is said to have occurred on the date stated above, at 2.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Ribs (right)	
Traumatic Pleurisy & Bronchopneumonia	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/15, 1934

Where did injury occur Washington Blvd & Montgomery
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Laurel Md Street Accident

Manner of injury Struck by auto while walking along road

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 1200 E Washington St

30—A. & Co.—200 Blks

F 05793

793 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE. (No. 2112 N Calvert St. 12-01 WARD)

FULL NAME Harrison Clay Lassabee

RESIDENCE NO. 2112 N Calvert St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
	White	Married

Married, widowed or divorced

HUSBAND of Henrietta Wright Lassabee

DATE OF BIRTH (month, day, and year) Aug 18 1873

Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work — None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER Harrison Clay Lassabee

BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Laura Tuley

BIRTHPLACE OF MOTHER (city or town) (State or country) Pikes Pa

Informant Albert T. Lassabee

Address Reisterstown Md

1934 Hunting for Wm Lassabee, Attorney

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19th 1934

17

I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to Oct 19, 1934

That I last saw him alive on Oct. 19th, 1934

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis - generalized &
Coronary.
Myocardial degeneration - Mitral Valve

(duration) one yrs. mos. ds.

CONTRIBUTORY (Secondary) Emphysema Bronchitis. Edema of Lungs
& Pul Embli. (duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Electrocardiograph

(Signed) Walter C. Merkel M. D.

10/12 1934 (Address) Med Arts Bldg - Balto

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Druid Ridge Cem — DATE OF BURIAL Oct 22 1934

20 UNDERTAKER Henry H Jenkins Sons — ADDRESS Pratt & Fulton Sts

2268-0

E 05794

34 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ACE OF DEATH West Baltimore General Hospital St., 15-81 Ward)

OF BALTIMORE: (No.

f residence in city or town where death occurred, 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME Maphanna Harrison.

) Residence: No. 1823 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
c	White	MARRIED.

arried, widowed, or divorced
) WIFE of

OF BIRTH (month, day, year) July 16 1912

Years	Months	Days	If LESS than 1 day, hrs. or min.
22	3		

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

ndustry or business in which work was done, as silk mill, saw mill, bank, etc.

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Strasburg, Va.
State or country)

NAME George Spence

BIRTHPLACE (city or town) Virginia
(State or country)

MAIDEN NAME Minnie Galliday

BIRTHPLACE (city or town) Virginia
(State or country)

FORMANT Ralph R. Spence.
Address) 841 Powle St.

RIAL, CREMATION, OR REMOVAL
avage, Md. Date Oct 20, 1934

DERTAKER E. Kenney Hoy.
Address) 961 S. Charles Ave.

ED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Oct 18, 1934

I last saw h er alive on Oct 18 1934 Death is said to have occurred on the date stated above, at 3 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Peritonitis	10/17/34
(acute)	
Other contributory causes of importance:	
1- Left Tubo Ovarian Abscess	7/15/34

Name of operation Supra vaginal Hysterectomy Date of 10/12/34
Salpingectomy

Was there confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Duration of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Walter Lang M. D.

(Address) W B. 3 A

H. 1268-9

795 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 05795

CERTIFICATE OF DEATH

108

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 1812 Light St. 23-11 Ward)

If of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William McQuigg

(a) Residence: No. 1812 Light St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of Maddie McQuigg

6. DATE OF BIRTH (month, day, year) 1884

7. AGE: Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

10. NAME James McQuigg

11. BIRTHPLACE (city or town) (State or country) New Jersey

12. MAIDEN NAME Rebecca Dykes

13. BIRTHPLACE (city or town) (State or country) New Jersey

14. INFORMANT Jesse Hallanger

(Address) 2603 Maisel St.

15. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/20, 1934

16. UNDERTAKER Chas. H. Schultz

(Address) 1382 Port Castle

17. Date received 10/19/1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1934, to Oct. 18, 1934

I last saw him alive on Oct. 18, 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.

23. The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/13/34
Other contributory causes of importance: Exhaustion	10/17/34

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

25. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Cameron M. D.

10/20/34 (Address) 1644 Hanover St

1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 05796

Registered No. 45

PLACE OF DEATH

OF BALTIMORE: (No. 624 N.Glover St St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth 42 yrs. mos. ds.

FULL NAME Wenceslaus Kvet

(a) Residence: No. 624 N.Glover St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced
WIFE of (or) HUSBAND of Elizebeth Kvet

7. DATE OF BIRTH (month, day, year) Not Known

8. Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Bohemia

12. NAME Wenceslaus Kvet

13. BIRTHPLACE (city or town) (State or country) Bohemia

14. MAIDEN NAME Not Known

15. BIRTHPLACE (city or town) (State or country) Bohemia

16. INFORMANT Lottie Gollar

(Address) 624 N.Glover St

17. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 22 1934

18. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave

19. Filed Oct 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Oct 19 1934

I last saw him alive on Oct 18 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

Cancer of the mouth — Date of onset 4 Yrs.

Other contributory causes of importance:

Acute Cardiac Dilatation — Date of onset 10 d

Name of operation Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify

(Signed) Fred Rowsky M. D.

(Address) 1000 Hamilton St

B. 1268-9

✓ F 05797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-033

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Aged Men's Home

Y OF BALTIMORE: (No. 1400 W. Lexington St. 14-C Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles E. Connor

(a) Residence: No. 1400 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, year) April 24, 1849

GE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	85	5	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
8. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md. ?

13. NAME William Connor

14. BIRTHPLACE (city or town) (State or country) Md ?

15. MAIDEN NAME Charlotte Joyce

16. BIRTHPLACE (city or town) (State or country) Md ?

INFORMANT Records of Aged Men's Home
(Address) 1400 W. Lexington St

BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cem. Hamden Date Oct 22, 1934

UNDERTAKER J. Vernon Kelmar
(Address) 1532 Hollins St

FILED Oct 22 1934 Huntington W. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to October 19, 1934

I last saw h.. alive on October 19, 1934 Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease	9
Coronary Thrombosis	10-19 34

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) [illegible] M. D.

(Address) [illegible]

1268-9

F 05798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-001

Registered No. .....

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2443 Callow Ave. St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fannie Harman

(a) Residence: No. 2443 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(a) WIFE of

DATE OF BIRTH (month, day, year) Sept. 13, 1868

Years	Months	Days	If LESS than 1 day, hrs. or min.
66	1	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired School Teacher

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 68

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

(a) BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER'S NAME Jacob Harman

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Lina Abraham

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Miss. M. Harman

(Address) 2443 Callow Ave.

BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date Oct. 21, 1934

UNDERTAKER Chas. Sondheim & Son

(Address) 1902 Eutaw Place

FILED 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1933 to Oct 15, 1934

I last saw her alive on Oct 18, 1934. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (Hemiplegia)	Oct 18/34

Other contributory causes of importance:

Arterio Sclerosis Angina pectoris Hypertension	Aug 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place.

F 05799

F 05799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 853 Park ave — St., 11-01 Ward)

(b) If not in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(c) FULL NAME Leonard Earnest Neale Jr.

(d) Residence: No. 853 Park ave — St., 11 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

(a) If married, widowed, or ~~divorced~~ WIFE of Sadie Stewart Neale (Lilly)

(b) DATE OF BIRTH (month, day, year) Dec. 19. 1858

Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Physician.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 654

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

(c) BIRTHPLACE (city or town) State or country) Port Tobacco - Md. (Charles Co. Md.)

(d) NAME Bennett Neale

BIRTHPLACE (city or town) (State or country) Port Tobacco - Charles Co. Md.

MAIDEN NAME Ann Catherine Millintagge

BIRTHPLACE (city or town) (State or country) Baltimore - Md.

INFORMANT Leonard E Neale Jr.

(Address) 853 Park ave

(e) BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 22 '34

(f) UNDERTAKER Henry W Bukins & Sons

(Address) McCulloh & Orchard Sts

FILED 12 1934 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 / 19 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/12 . 1934 to 10/19 . 1934

I last saw him alive on 10/18 . 1934 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) General arteriosclerosis	
Chronic myocarditis &	10 yrs.
nephritis terminal	
Other contributory causes of importance:	
senile debilities	1 day

Name of operation — Date of —

What test confirmed diagnosis? Ph. T. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John E. Neale M. D.

(Address) 809 Cathedral St.

F 05800

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05800

CERTIFICATE OF DEATH

49

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Newington ave St., 19-01 Ward)

If residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rebecca Blumenthal

(a) Residence: No. 822 Newington ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widower

If married, widowed, or divorced: HUSBAND of / WIFE of Isaac

DATE OF BIRTH (month, day, year) 1870

Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME OF FATHER Israel Goslerowitz

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME OF MOTHER Ella —

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs Belle Tobins

(Address) 822 Newington ave

BURIAL, CREMATION, OR REMOVAL

Place Washington Rd Date Oct 21. 1934

UNDERTAKER Sol Levinson Bro

(Address) 1127 E Balto st.

FILED Oct 20 1934 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from August 19 29 to Oct 19 1934

I last saw her alive on Oct 19 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

abdominal carcinomatosis — Date of onset Oct

Other contributory causes of importance:

Hypertension
Chronic Cystitis
Cholelithiasis

Name of operation — Date of

What test confirmed diagnosis? abdominal paracentesis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Julius Sherman M. D.

(Address) Medical Arts Bldg.

F 05801

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05801

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Car Calvert x ~~Fairfield~~ 44-01

OF BALTIMORE: (No. Fairfield Ave Institution Ward)

If residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Charles Franklin Crist

Residence: No. Westminster rd., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	single

If married, widowed, or divorced
HUSBAND of
WIFE of

DATE OF BIRTH (month, day, year) Feb 14 1896

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	7 8	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 040

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Plant

Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) westminster

NAME Charles F Crist

BIRTHPLACE (city or town) (State or country) Carroll Co Md

MAIDEN NAME Mollie Kreitzer

BIRTHPLACE (city or town) (State or country) Carroll Co Md

INFORMANT Robt F Crist

(Address) Westminster Md

BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Oct 23 1934

UNDERTAKER Z B Gearhart & Son

(Address) Westminster Md

FILED Oct 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sclerosis of Coronary Arteries	
Other contributory causes of importance: Coronary thrombus	
Sudden	

Name of operation ..... Date of .....

What test confirmed diagnosis? Yes Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

no If so, specify .....

(Signed) James M Fenby M. D.
Coroner

(Address) 200 E Main St

F 05802

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05802

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH

OF BALTIMORE: (No. 3021 Brighton St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Cowger

(a) Residence: No. 3021 Brighton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: Female White

5. Single, Married, Widowed, or Divorced (write the word): Single

married, widowed, or divorced SBAND of WIFE of

DATE OF BIRTH (month, day, year): May 12-1853

Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	6	

10. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER'S NAME: Isaac Cowger

FATHER'S BIRTHPLACE (city or town) (State or country): New Jersey

MAIDEN NAME OF MOTHER: Sarah Cowgill

MOTHER'S BIRTHPLACE (city or town) (State or country): Balto. Md.

INFORMANT: Harry E. Cowger

(Address) 3021 Brighton St

BURIAL, CREMATION, OR REMOVAL: Greenmount. Date Oct 22 1934

UNDERTAKER: Margaret E. Flynn

(Address) 1432 Light St.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1934 to Oct 18 1934

I last saw her alive on Oct 18 1934. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Chronic Interstitial Nephritis	1928
Myocarditis	1933

Other contributory causes of importance:

Uraemia	2 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herman F. Freeman, M. D.

(Address) 6 East Biddle St

1284 05803 F 05803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

PLACE OF DEATH

Registered No.

OF BALTIMORE: (No. 1615 Clarkson St. St. 23-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Cassell.

(a) Residence: No. 1615 Clarkson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow.

married, widowed, or divorced
USBAND of
r) WIFE of Joseph C. Cassell.

TE OF BIRTH (month, day, year) July 5-1876.

Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME Zachariah S. Jacobs.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Mary L. Sass.

BIRTHPLACE (city or town) (State or country) Baltimore Md.

FORMANT Miss Elsie L. Cassell.

(Address) 1615 Clarkson St.

URIAL, CREMATION, OR REMOVAL

Place Western Cem Date Oct 22nd 1934

NDERTAKER E. Lehlsman & Son

(Address) 1639 Clarkson St.

1934 Interment Permit issued

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21- 1934 to Oct. 19 1934

I last saw her alive on Oct 19 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	? /
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Xray Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Marcus Rollis M. D.

(Address) 1321 S. Charles St

F 05804

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05804

CERTIFICATE OF DEATH

82-001

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 4007 Fairfax Rd. 15 Ward)

If residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Elbert Emmerich

Residence: No. 4007 Fairfax Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race	5. Single, Married, Widowed, or Divorced (Write the word)
Mulatto	Widow

Married, widowed, or divorced HUSBAND of WIFE of Ludwig Emmerich

DATE OF BIRTH (month, day, year) Aug 12 1866

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	2	7	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country)

NAME OF FATHER Jas. Kelly

BIRTHPLACE (city or town) Ireland
(State or country)

MAIDEN NAME OF MOTHER Kate Lowman

BIRTHPLACE (city or town) Baltimore
(State or country)

INFORMANT Lester Frysheim

(Address) 3401 Mondawmin

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/22/34

UNDERTAKER Geo. L. Beyer Jr

(Address) 1512 Hollins St.

FILED Hunting for Filed Nov

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 cc 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Kirk Coroner M. D.

(Address) Coroner

1057

F 05805 F 05805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2812 Pinewood Ave. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Anna E. Lange

(a) Residence: No. 2812 Pinewood Ave Ward. Hamilton
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

(b) If married, widowed, or divorced WIFE of August H. Lange

(c) DATE OF BIRTH (month, day, year) Jan 10th 1861

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	9	8	

(d) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

(e) Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

(f) Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

(g) BIRTHPLACE (city or town) (State or country) Balto. Md.

(h) FATHER'S NAME Geo Kahl

(i) FATHER'S BIRTHPLACE (city or town) (State or country) Germany

(j) MAIDEN NAME OF MOTHER Anna E. Georges

(k) MOTHER'S BIRTHPLACE (city or town) (State or country) Germany

(l) INFORMANT Florence E. Lange

(m) Address 2812 Pinewood Ave

(n) BURIAL, CREMATION, OR REMOVAL

Place Interment Date Oct 21st 1934

(o) UNDERTAKER Wm Cook

(p) Address 1217 St Paul St

(q) FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1934 to Oct 18 1934

I last saw h[illegible] alive on Oct 18 1934 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Acute Cardiac dilatation	Oct 18
(b)	
(c)	
(d)	

Other contributory causes of importance: High blood pressure arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

(Address) 1357 Hanover Rd

F 05806 Frank R Webb F 05806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 92-001

(Bellona Ave.)

PLACE OF DEATH
(a) CITY OF BALTIMORE: (No. Edgewood Lendanine St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(b) If not in city or town where death occurred, length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S. If of foreign birth 83 yrs. 0 mos. 12 ds.

FULL NAME Frank Rust Webb

(a) Residence: No. 6000 Bellona Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

(a) If married, widowed, or divorced (a) HUSBAND of (b) WIFE of Mary Davis Webb

DATE OF BIRTH (month, day, year) Aug 8 1851

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
83	0	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

BIRTHPLACE (city or town) (State or country) Covington Indiana

FATHER'S NAME David Webb

FATHER'S BIRTHPLACE (city or town) (State or country) Probably in Indiana

MAIDEN NAME OF MOTHER Maria L. Lawson

MOTHER'S BIRTHPLACE (city or town) (State or country) Probably in Indiana

INFORMANT Mr Frank Webb-son, (Address) Curtis Md.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Aug 27, 1934

UNDERTAKER Newton Bros. (Address) 1080 Hanover St.

FILED Aug 27 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1933 to Oct 20, 1934

I last saw him alive on Oct 19, 1934; Death is said to have occurred on the date stated above, at 3 A.M. 10-20-34

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Mitral Regurgitation	Contd.
Cardiac "	
Arterio-Sclerosis,	
Mod. Hypertension.	

Other contributory causes of importance: Pulmonary Edema.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W W Peady M. D.

(Address) 1403 Park Ave.

F 05807

F 05807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. Baltimore City Hospitals St., 14-01 Ward)

(b) Usual residence in city or town where death occurred: Less than 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Francis Phelps

(c) Residence: No. 160 W. Royal Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

Married, widowed, or divorced
HUSBAND of
(or) WIFE of Blanche (dead)

DATE OF BIRTH (month, day, year) May 29, 1871

Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agent

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER John Phelps

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME OF MOTHER ?

BIRTHPLACE (city or town) (State or country) ?

INFORMANT Wards
(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL

Loudon Park Cemetery Date Oct 27, 1934

UNDERTAKER Chas. G. Black

(Address) 742 W. North ave

FILED 1934 H. E. L. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1934 to October 20, 1934

I last saw him alive on October 20, 1934 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Cerebral Hemorrhage	Term

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Phagel M. D.

(Address) Balt City Hosp

F 05808

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05808

CERTIFICATE OF DEATH

95-003

REGISTERED NO.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 909 N Carey ST., 16-01 WARD)

FULL NAME Zora Smith

RESIDENCE NO. 909 N Carey ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

ried, widowed, or divorced
SBAND of
) WIFE of

OF BIRTH (month, day, and year) 1866

Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

PATION OF DECEASED

rade, profession or ular kind of work: Housewife

eneral nature of Industry, ess, or establishment in employed (or employer): Home

ame of employer

IPLACE (city or town) e or country): Calvert Co. Md.

AME OF FATHER: Augustus White

IRTHPLACE OF FATHER (city or town) State or country): Calvert Co. Md.

AIDEN NAME OF MOTHER: Unknown

IRTHPLACE OF MOTHER (city or town) State or country): Calvert Co. Md.

nformant: Mrs. Jessie Scales

Address: 909 N. Carey St

Oct 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 17, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934, to Oct 17, 1934.

that I last saw h e alive on Oct 17, 1934

and that death occurred, on the date stated above, at 11 45 m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease

Decompensation

(duration) yrs. 4 mos. — ds.

CONTRIBUTORY (Secondary) none

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George W. McDonald, M. D.

, 19 (Address) 844 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn

DATE OF BURIAL: 10/21/1934

20 UNDERTAKER: Mrs. George H. Holland

ADDRESS: 1631 Druid Hill Ave

1268-9 F 05809 F 05809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44-003

PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St., 18-01 Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Florence Ehrlich

(a) Residence: No. 1004 Vine St., ... Ward. X

(Usual place of abode) (If non-residence give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

Married, widowed, or divorced — HUSBAND of / WIFE of

DATE OF BIRTH (month, day, year) 2-17-32

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
2	7 8	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto (State or country) Md

FATHER'S NAME Victor Ehrlich

FATHER'S BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Jennie Walker

MOTHER'S BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Russia

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 10/21/34

UNDERTAKER Sol. Levy Inc

(Address) 1734 E. Baltimore St.

FILED 2130 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1934, to Oct 21, 1934

I last saw her alive on Oct 21, 1934 Death is said to have occurred on the date stated above, at 2.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia sec to pustijon	4 mos
Gangrene	3-4 mos
L. lobar pneumonia	few days

Other contributory causes of importance:

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia S. Rabinowitz M. D.

(Address) JOHNS HOPKINS HOSPITAL

F 05810

F 05810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. 27-01

PLACE OF DEATH Hebrew Home for Aged + Infirm
OF BALTIMORE: (No. Lerndale St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred over 25 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

FULL NAME Lena Goldberg

(a) Residence: No. Belvedere + Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(a) WIFE of Unknown

DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME

BIRTHPLACE (city or town) (State or country) Unknown.

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT (Address) Sigmund Goldberg Belvedere + Greenspring Ave

BURIAL, CREMATION, OR REMOVAL Date 1/24/35, 19

UNDERTAKER (Address)

FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1934 to Oct 20, 1934

I last saw her alive on Oct 20, 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Chr. card vascular disease
Bronchus tonis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify

(Signed) Raymund Levin, M. D.

(Address) Lerndale

1268-9

F 05811

F 05811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓46

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 2411 Puget St. 25-01 Ward)

258

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Hattie Day

(a) Residence: No. 2411 Puget St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
C	Married

(a) Married, widowed, or divorced WIFE of Ellis Day

DATE OF BIRTH (month, day, year) 1880

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

FATHER'S NAME Morris Lee

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) "

INFORMANT Ellis Day

(Address) 2411 Puget St

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date [illegible] 1934

UNDERTAKER Joseph A. Lively

(Address) [illegible]

FILED OCT 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/18/34

22. I HEREBY CERTIFY, That I attended deceased from 10/2/34 to 10/18/34

I last saw h[illegible] alive on 10/17/34 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	10/1/33

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Watkins M. D.

(Address) 912 N. Eutaw St

F 05812

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05812

CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals (Tb. 14-01) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St., ... Ward)

of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Daniel Floyd

(a) Residence: No. 1527 Myrtle ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Single

married, widowed, or divorced
HUSBAND of
) WIFE of

DATE OF BIRTH (month, day, year) Sept. 3, 1903

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	1	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. cook

Date deceased last worked at this occupation (month and year)

tt. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Easton Maryland

NAME Daniel Floyd

BIRTHPLACE (city or town) (State or country) Easton Maryland

MAIDEN NAME Nettie ?

BIRTHPLACE (city or town) (State or country) Easton Maryland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Oct 21st 1934

UNDERTAKER Joseph A. Sively

(Address) 4094 Mount street

FILED 1934 Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1933 to October 18, 1934

I last saw him alive on October 18, 1934 Death is said to have occurred on the date stated above, at 3.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

F 05813

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05813

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals 48 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 12-81 St. Ward)

of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cora Gordon

(b) Residence: No. 2204 Moore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

(Married, widowed, or divorced) (b) WIFE of Earnest Gordon

6. DATE OF BIRTH (month, day, year) May 21 1895

Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	11	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 37

9. Date deceased last worked at this occupation (month and year) 3 | 10. Total time (years) spent in this occupation Life

11. BIRTHPLACE (city or town) (State or country) New Jersey

12. NAME Robert Johnson

13. BIRTHPLACE (city or town) (State or country) Towsons

14. MAIDEN NAME Daisy Murry

15. BIRTHPLACE (city or town) (State or country) Virginia

16. INFORMANT (Address) Hospital Records

17. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date Oct 21. 1934

18. UNDERTAKER (Address) Wm H Williams 1515 McElderry St

19. FILED 1934 Houston Williams Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934 to Oct 18 1934

I last saw h[illegible] alive on Oct 18 1934 Death is said to have occurred on the date stated above, at 7:35 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix Uteri Extension to the Rectum — Date of onset

Other contributory causes of importance: Broncho-pneumonia — Date of onset 10/16/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Goad M. D.

(Address) Baltimore City Hospitals

F 05814

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05814

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. St Agnes Hospital 10-01 Ward)

If residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Wesley N. Logan

Residence: No. 2803 Fredrick Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
WIFE of

DATE OF BIRTH (month, day, year) Dec 18 1867

6. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	10		

7. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Lieutenant Ala

10. NAME Berkley Logan

BIRTHPLACE (city or town) (State or country) Penna

MAIDEN NAME Rebecca Hayden

BIRTHPLACE (city or town) (State or country) Lieutenant Ala

INFORMANT Nellie Logan
(Address) 2803 Fredrick Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 10/22/38

UNDERTAKER Grace L Smith
(Address) 1500 Hamilton Ave Hyattsville Md

FILED 21 1934 Hunting for Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concussion of brain	Oct 15 34
Broncho-Pneumonia	Oct 15 34

Other contributory causes of importance:

Fall

Name of operation Injuries Date of ... 15-34

What test confirmed diagnosis? " Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 15 34

Where did injury occur? Gwynn Falls Park (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell down in fit

Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph L. Vahlsing M.D.
Coroner

(Address)

B. F 05815

F 05815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1519 Patterson Park ave St., 8-01 Ward)

Length of residence in city or town where death occurred 30 yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elsie H Bruce

(a) Residence: No. 1519 Patterson Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter S Bruce

DATE OF BIRTH (month, day, year) Mar 25 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Hartsville Va

13. NAME OF FATHER Thomas B Ross

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Walter S Bruce (Address) 1519 Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date Oct 22nd 1934

19. UNDERTAKER Geo Schildknecht & Sons (Address) Arlington & Monument Sts

20. FILED Oct 22 1934 Huntington, Williams, Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20 1934

22. I HEREBY CERTIFY, That I attended deceased (from July 1934 to Oct 20 34

I last saw her alive on Oct 19 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	June 1934

Other contributory causes of importance:

Secondary Carcinomatosis	Sept 1934

Name of operation none Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

2 1 1934

F 05816

05816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 1113 Stricker St., 16-01 Ward)

of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sofronia Johnson

a) Residence: No. 1113 Stricker St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

Married, widowed, or divorced WIFE of Edward E Johnson

DATE OF BIRTH (month, day, year) Nov 2- 1881

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	11		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 170

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work

Date deceased last worked at this occupation (month and year) 5-34 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Northumberland Co Va
State or country)

NAME Daniel Taylor

BIRTHPLACE (city or town) Northumberland Co Va
(State or country)

MAIDEN NAME Sarah Ball

BIRTHPLACE (city or town) Northumberland Co Va
(State or country)

INFORMANT Ethel Walker

(Address) 1103 N Mount St

BURIAL, CREMATION, OR REMOVAL

Place Rawlings Va Date Oct 22 1934

UNDERTAKER Stanwood H Chase & Son

(Address) 938 W Fulton

FILED 1934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-19-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-4-1934 to 10-19-1934.

I last saw her alive on 10-15-1934. Death is said to have occurred on the date stated above, at 9.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-19-34
Other contributory causes of importance: Hypertension + Bronchial asthma	10-4-34

Name of operation None Date of .....

What test confirmed diagnosis? Gross clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Fort Hamilton M. D.

(Address) 1029 N. Stricker St

F 05817

2-9-25—A Co—200 Bks.

05817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

5167

REGISTERED NO. _____

PLACE OF DEATH

BALTIMORE: (No. City Hospital St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

FULL NAME Edward Szamborski

RESIDENCE NO. 501 S. Belnord Avenue St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race — 5 Single, Married, Widowed, or Divorced, (write the word)

6 White — Married

If married, widowed, or divorced
HUSBAND of Elizabeth Szamborski
or WIFE of

7 DATE OF BIRTH (month, day, and year) December 31, 1896

Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
37	9	18	17

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Police Officer 061

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Constantine Szamborski

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Znudziejewski

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Poland

14 Informant Elizabeth Szamborski

(Address) 501 S. Belnord Avenue

15 Filed _____, 19 _____ Registrar

1934

CORONER'S CERTIFICATE OF DEATH.

16 DATE OF DEATH (month, day, and year) October 18 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an October 18, 1934 (~~Inquest, autopsy~~) or inquiry.)

thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Hemorrhage of Chest due to a Pistol shot wound. Suicide

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary)

(duration) ....yrs. ....mos. ....ds.

(Signed) _____ M. D.

(Coroner)

, 19 (Address) 1305 Fallsway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs.. ....mos.. ....ds. In the State ....yrs.. ....mos.. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Stanislaus — Date of Burial 10/22/ 19 34

20 UNDERTAKER John M Weber — ADDRESS 401 S. Chester

F 05818

F 05818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 626 S. Bond St., 3-01 Ward)

(If not in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Josephine Dragunas

(a) Residence No. 626 S. Bond St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

(If married, widowed, or divorced) (HUSBAND of (or) WIFE of)

DATE OF BIRTH (month, day, year) June 23 1934

Years	Months	Days	If LESS than 1 day.... hrs. or .... min.
	3	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME OF FATHER John Dragunas

BIRTHPLACE (city or town) (State or country) Lithuania

MAIDEN NAME OF MOTHER Josephine Dragunas

BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT John Dragunas

(Address) 626 S. Bond St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cemetery Date Oct 22 1934

UNDERTAKER John M. Weber

(Address) 401 S. Chester St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-17 1934 to 10-19 1934

I last saw her alive on 10/19 1934 Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Interstitial Syp	10/13/34
Other contributory causes of importance: Pneumonia	10/17/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(If so, specify)

(Signed) Joseph F. Laulcatis, M. D.

(Address) 679 Washington Blvd

F 05819

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05819

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 4306 Norwood Road St. 27-A Ward)

of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

LL NAME ROBERT HETZ.

) Residence: No. 4306 Norwood Road St., Ward.
(Usual place of abode)

(If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

narried, widowed, or divorced
SHAND of Jennie M. Hetz
) WIFE of

E OF BIRTH (month, day, year) December 4th. 1854

Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Business,

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME George Hetz

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Elizabeth. Eckert.

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mrs. Jennie M. Hetz

(Address) 4306 Norwood Road

RIAL, CREMATION, OR REMOVAL

Place Western Cemetery, Date Oct. 23rd. 1934

NDERTAKER Chas F. Grand & Son

(Address) 118 W. Mt Royal Ave

LED ..., 19..

Registrar

F 1004 6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1934 to Oct. 20 1934

I last saw him alive on Oct. 20 1934 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	2 days
Other contributory causes of importance:	
Hypostatic Pneumonia	1 day

Name of operation — Date of —

What test confirmed diagnosis? Clinical & Sym Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. F. Rios, M. D.

(Address) 24 S. Bond

F 05820

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05820

CERTIFICATE OF DEATH

154

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9-01 Ward)

If not in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Still Born of Edward F. and Ellen McGinnis Infant McGinnis

(a) Residence: No. 1152 Gorsuch Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
(a) HUSBAND of .....
(b) WIFE of .....

6. DATE OF BIRTH (month, day, year) October 20th, 1934

7. Years	Months	Days	If LESS than 1 day, hrs. or 20 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto. Md.

10. NAME Edward F. McGinnis

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. MAIDEN NAME Ellen Yadlich

14. BIRTHPLACE (city or town) (State or country) Maryland

15. INFORMANT Edward F. McGinnis

(Address) 1152 Gorsuch Ave.

16. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date 10/22, 1934

17. UNDERTAKER Chas. B. Mace & Son

(Address) 118 W. Mt. Royal Ave.

FILED 2 1934 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20th, 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ....., 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6 1/2 mons gestation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. H. Paine, M. D. Coroner

(Address) 506 E. North Ave.

F 05821

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05821

131

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 2135 Cliftwood Ave. St., 7-01 Ward)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Martha A Kerrin

(a) Residence: No. 2135 Cliftwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Patrick Kerrin

DATE OF BIRTH (month, day, year) Jan 6 1849

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
85	8 9	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pa

NAME Joel Stewart

BIRTHPLACE (city or town) (State or country) Pa

MAIDEN NAME Sarah Ann Price

BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Helen Baer

(Address) 2135 Cliftwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date Oct 22 1934

UNDERTAKER Geo M Fritchen

(Address) 811 Edmondson Ave

FILED ..... 19 ..... Registrar

7130 Interment in Baltimore Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from October 6 1934 to October 19 1934

I last saw her alive on Oct 19 1934 Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	4 yrs
Aortic Insufficiency;	2 yrs
Senile Arteriosclerosis	
Bronchial Hypostasis	
Other contributory causes of importance:	
Apoplexy	13 days ago

Name of operation ..... Date of .....

What test confirmed diagnosis? Hypostasis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Olsen Jr M. D.

(Address) 2025 Gilmor St

1268-9

05822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05822

9th-002

Registered No. 19-01

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 1528 W. Lexington St. St., 19 Ward)

If of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

FULL NAME Joseph Brook Wilson

(a) Residence: No. 1528 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geraldine Wilson

DATE OF BIRTH (month, day, year) Nov. 26-1890.

Years	Months	Days	If LESS than 1 day, hrs. or min.
43	10	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

FATHER'S NAME Bulus Wilson

FATHER'S BIRTHPLACE (city or town) (State or country) Virginia

MOTHER'S MAIDEN NAME Rosa Stanstead

MOTHER'S BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Geraldine Wilson
(Address) 1528 W Lexington St

BURIAL, CREMATION, OR REMOVAL Oct 22 19

CEMETERY Dunbar Cem

FUNERAL DIRECTOR Bernard P Crowley
(Address) 848 N Fulton Ave

DATE RECEIVED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Inquiry 19..... Death is said to have occurred on the date stated above, at 11.45 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Oct 18 1934

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 26 South Broadway

F 05823

F 05823

9814 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 119

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Julia Kuhar

(a) Residence: No. Turners Station St., ... Ward. Md X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

6. If married, widowed, or divorced (a) HUSBAND of (b) WIFE of —

7. DATE OF BIRTH (month, day, year) 2-25-34

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 000

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Albert Kuhar

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME OF MOTHER Mary Kamusky

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Date 10/22 1934

19. UNDERTAKER John Ruda

(Address) 2511 Hudson St

20. FILED 10-22-34 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1934 to Oct 21, 1934

I last saw her alive on Oct 21, 1934 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	10-2-34
Other contributory causes of importance: Bronchopneumonia	10-17-34

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dragen D Schwentker, M. D.

(Address) Johns Hopkins Hospital

F 05824

F 05824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Church Home + Infirmary St. 1-01 Ward)

of residence in city or town where death occurred 70 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mrs Rose Biedrunski

(a) Residence: No. 120 S Madeira St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W	Married

Married, widowed, or divorced
(HUSBAND of) (WIFE of) Joseph Biedrunski

DATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Europe

FATHER'S NAME Jacob Steinyski

FATHER'S BIRTHPLACE (city or town) (State or country) Europe

MAIDEN NAME Clara Bingynski

MOTHER'S BIRTHPLACE (city or town) (State or country) Europe

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Sepulchre Cemetery Date 10/24 19 34

UNDERTAKER John J Kyda

(Address) 28 Hudson St

FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 19 34

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 19 34 to Oct. 21, 19 34

I last saw her alive on Oct. 21 19 34 Death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Coronary occlusion	Oct 7, 34
Arteriosclerotic nephritis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Iglauderis M. D.

(Address) Church Home & Infirmary

F 05825 ✓ F 05825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 119

PLACE OF DEATH
OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 76-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(a) Residence of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Virginia L. Knowlein

(a) Residence: No. 191 S. Curtis Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	

(If married, widowed, or divorced) HUSBAND of or WIFE of

DATE OF BIRTH (month, day, year) 6/28/1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
	3/2	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ——— do

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md —

NAME Charles Rogers Knowlein

BIRTHPLACE (city or town) (State or country) Md —

MAIDEN NAME Anna Williamson

BIRTHPLACE (city or town) (State or country) Md —

INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Oct 22 — 1934

UNDERTAKER Lilly + Zuler Inc

(Address) 703 So Paca St

FILED 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1934 to Oct 19 1934

I last saw her alive on Oct. 19 1934 Death is said to have occurred on the date stated above, at 6 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	Oct 16
Other contributory causes of importance:	
Bronchitis	Oct 9

Name of operation ——— Date of ———

What test confirmed diagnosis? ——— Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ——— 19 ———

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. C. Griffin Jr. M. D.

(Address) Johns Hopkins Hospital

F 05826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05826

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 926 S. Highland ave. St. 26 Ward)

of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Theresa Krebs.

(a) Residence: No. 926 S. Highland Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

Married, widowed, or divorced
HUSBAND of
or) WIFE of The Late John Krebs.

DATE OF BIRTH (month, day, year) Mch. 19 1852

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Germany.

NAME George Weber

BIRTHPLACE (city or town) (State or country) Balto. Md

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Tina Lindenberger

(Address) 926 S. Highland Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 22nd 1934

UNDERTAKER Lilly & Zeiler Sons

(Address) 403 S. Wolfe St.

FILED 19 Registrar.

10348 E. Fox Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1934 to Oct 18 1934

I last saw her alive on Oct 18 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Uremia Secondary to Arteriosclerosis	?

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert J. Shorkey M. D.

(Address) 2305 E. Lanvale Ave.

1205-9 **F 05827**

Blusiewicz ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05827

122-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

(a) OF BALTIMORE: (No. 531 E. Chapel St St. 2-01 Ward)

(b) Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

(c) USUAL FULL NAME Pauline Blusiewicz

(d) Residence: No. 531 E. Chapel St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widow

(a) If married, widowed, or divorced
(b) HUSBAND of
(c) WIFE of Leopold Blusiewicz

DATE OF BIRTH (month, day, year) Unk.

Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home Work

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland.

NAME OF FATHER Jan Franciewicz

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME OF MOTHER Unk

BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Joseph Blusiewicz

(Address) 531 E Chapel St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 23 - 1934

UNDERTAKER Fred W Kruzewski

(Address) 1920 East Ave Silver Hill Md

FILED 10-23-1934 Assistant Registrar

Z 1354

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/17/34 to 10/20/34

I last saw her alive on 10/19/34 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	10/17/34
Probably Volvulus or Mesenteric Thrombosis	10/17/34

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify No

(Signed) Joseph Pokorny M. D.

(Address) 2208 E. Madison St

B. 1263-9

F 05828 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05828

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 648 Harlem St., 16-01 Ward)

th of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Amelia Bland

(a) Residence: No. 648 Harlem St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Augustus Bland

ATE OF BIRTH (month, day, year) 2/20 1867

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	7	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 07

BIRTHPLACE (city or town) (State or country) Cambridge, Md.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Jane Cook

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

INFORMANT Nellie Stewart

(Address) 648 Harlem Ave

BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Oct 22, 1934

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/19, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/7, 1934, to 10/19, 1934

I last saw her alive on 10/19, 1934. Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	
& Paralysis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Dr R. Beatty, M. D.

(Address) 21 Hey D[illegible]

1265-9

F 05829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05829

159

Registered No.

PLACE OF DEATH
OF BALTIMORE: (No. Provident Hosp St. 18-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Bailey

) Residence: No. 1559 Brunkle St., Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Single

Married, widowed, or divorced
HUSBAND of
) WIFE of

DATE OF BIRTH (month, day, year) Oct 19-193[illegible]

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER Jas Bailey

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME OF MOTHER Mary Gorton

BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Jas Bailey 1559 W. Franklin

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Oct 22, 1937

UNDERTAKER Mrs Katie R. Williams

(Address) 322 Schroeder St

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1937

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Pneumonia Bronchial		

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Smith Coroner . M. D.

(Address) Coroner

F 05830

F 05830

1361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-007

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St., 9-01 Ward)

of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George L. Herzing

(a) Residence: No. 1307 Wilkes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	

Married, widowed, or divorced
(HUSBAND of
or) WIFE of

DATE OF BIRTH (month, day, year) 7/8/33

Years	Months	Days	If LESS than 1 day, hrs. or min.
1	5	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

NAME August-Herzing

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Marie McGlone

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cemetery Date Oct. 23 1934

UNDERTAKER Henry Kreuk Sons, Inc.

(Address) 301 E. Eager St.

FILED Oct 23 1934 Huntington Pitts Registrar

21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-21. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-15 1934 to Oct-21 1934.

I last saw him alive on Oct-21 1934. Death is said to have occurred on the date stated above, at 6 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacillary dysentery	4 weeks
Agranulocytosis	1 wk.
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frances D. Schwentker M. D.

(Address) Johns Hopkins Hospital

F 05831

F 05831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. 810 E. Preston St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth 64 yrs. mos. ds.

FULL NAME Anne B. Rooney

(a) Residence: No. 810 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

Married, widowed, or divorced of (a) WIFE of John F. Rooney.

DATE OF BIRTH (month, day, year) not Listed

Years	Months	Days	If LESS than 1 day, hrs. or min.
74	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co. Md.

NAME OF FATHER John MacGregor

BIRTHPLACE (city or town) (State or country) Scotland

MAIDEN NAME OF MOTHER Ann Irving

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mr John F. Rooney

(Address) 810 E. Preston St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date October 23 1934

UNDERTAKER Penny Keck Sons, Inc.

(Address) 1301 E Eager St

FILED 1934 Huntington Williams, Registrar.

22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1934, to Oct 19, 1934

I last saw her alive on Oct. 19, 1934. Death is said to have occurred on the date stated above, at 8.45 P. m.

The principal cause of death and related causes of importance were as follows:

Uremia

Carcinoma

Date of onset

Other contributory causes of importance:

Cardiac Failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert B. Ley, M. D.

(Address) 708 E. Fayette

05832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05832

CERTIFICATE OF DEATH

Registered No. 97

PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 3324 St Ambrose Avenue St., 27-01 Ward)

(If not in city or town where death occurred 84 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Catherine Brockley

(a) Residence: No. 3324 St Ambrose Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (a) WIFE of Samuel Brockley

7. DATE OF BIRTH (month, day, year) May 8th 1850

Years	Months	Days	If LESS than 1 day, hrs. or min.
84	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

10. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME John Bauer

13. BIRTHPLACE (city or town) (State or country) Germany

14. MAIDEN NAME Margaret Hess

15. BIRTHPLACE (city or town) (State or country) Germany

16. INFORMANT Mrs Elizabeth Hoffmeyer
(Address) 3324 St Ambrose Ave.,

17. BURIAL, CREMATION OR REMOVAL.
Place Loudon Park Cem Date Oct 22nd 1934

18. UNDERTAKER [illegible]
(Address) [illegible]

19. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1934 to Oct 19 1934

I last saw he alive on Oct 16 1934 Death is said to have occurred on the date stated above, at 7.55P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Edwin Wheeler M. D.

(Address) 2129 W North Ave

F 05833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91 Registered No.

PLACE OF DEATH

OF BALTIMORE: (No. 3514 Ellerslie St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth?... yrs. ... mos. ... ds.

FULL NAME Mary Jane Harbaugh

(a) Residence: No. 3514 Ellerslie St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	Widow

married, widowed, or divorced
HUSBAND of
or) WIFE of Charles Harbaugh

TE OF BIRTH (month, day, year) Aug 3 - 1834

Years	Months	Days	If LESS than 1 day, hrs. or min.
100	6	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

. NAME Williams Harriet

BIRTHPLACE (city or town) (State or country) England

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) England

NFORMANT Mrs J. McClelland

(Address) 3514 Ellerslie

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 22 1934

UNDERTAKER Peter Pepper Funeral Home

(Address) 1401 N. Pennsylvania Ave

FILED Oct 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11th 1934 to Oct 20th 1934

last saw deceased alive on Oct 18th 1934. Death is said to have occurred on the date stated above, at 1.45a m.

23. The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted] General Arteriosclerosis	

Other contributory causes of importance:

Age

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William H. Westrick M. D.

(Address) 1700 Linden Ave.

F 05834

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05834

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Charles Apts
OF BALTIMORE: (No. 3333 N. Charles St. 17-01 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joshua Atkinson Bates Jr
(a) Residence: No. 3333 N. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

(If married, widowed, or divorced)
HUSBAND of Mary Callis Bates
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 21-1879

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	9	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate

Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER'S NAME: Joshua A Bates

BIRTHPLACE (city or town) (State or country): Balto Md

MAIDEN NAME OF MOTHER: Emma Register

BIRTHPLACE (city or town) (State or country): Balto Md

INFORMANT: Mrs Eliza C. Bates
(Address) 3333 N Charles

BURIAL, CREMATION, OR REMOVAL: Oct 22 1934
Place: Mt Lebanon
UNDERTAKER: Wm J Jackson & Son
(Address) North & Penna.

FILED ... 19...
22136 Remington Pa Williams Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1933 to Oct 20 1934

I last saw him alive on Oct 19 1934 Death is said to have occurred on the date stated above at 2.05 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Hypertrophy + dilatation of Heart. — Yrs

Date of onset

Other contributory causes of importance:

Chronic Nephritis — 1 yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Gibson M. D.

(Address) 611 W Franklin St

05835 F 05835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH Balto. City Hospital Ft. Ward. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No.) St., 17 Ward)

h of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Guess

(a) Residence: No. 512 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e.	Black	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 8, 1913

Years	Months	Days	If LESS than 1 day, hrs. or min.
21	9		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office Bldg.
Date deceased last worked at this occupation (month and year) March 1933 (b) Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Savannah, Ga.

NAME Henry Guess.

BIRTHPLACE (city or town) (State or country) Savannah, Ga.

MAIDEN NAME Mary Livesay

BIRTHPLACE (city or town) (State or country) Savannah, Ga.

INFORMANT Mother
(Address) 512 W. Biddle St

BURIAL, CREMATION, OR REMOVAL
Place Johns Hop Date 10/14/34 19

UNDERTAKER Adolphus Halstead
(Address) 75 N. Dendall St

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May. 4, 1934 to Oct. 20, 1934
I last saw him alive on Oct. 20, 1934 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8 mos.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Arthur M. Carlson, M. D.
(Address) Balto. City Hosp.

1268-9

F 05836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05836

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1425 W 36th St St. 13-21 Ward)

of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Bosley.

(a) Residence: No. 1425 W 36th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single.

(If married, widowed, or divorced) (a) HUSBAND of (b) WIFE of: Child

DATE OF BIRTH (month, day, year): Oct 21, 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
			7 hrs.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): md.

NAME: Jefferson Bosley.

BIRTHPLACE (city or town) (State or country): W Va

MAIDEN NAME: Pauline Shaffer

BIRTHPLACE (city or town) (State or country): md

INFORMANT: Jefferson Bosley

(Address): 1425 W 36th St.

BURIAL, CREMATION, OR REMOVAL: Mount Pleasant Date Oct 22, 1934

UNDERTAKER: Interment

(Address): 3615 Huntington Ave

Filed Oct 25 1934 Huntington Wilmarth, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1934 to 10/21, 1934

I last saw h alive on 10/21, 1934 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

Premature birth

6½ mos.

Date of onset

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard [illegible] M. D.

(Address) 2020 N. Charles.

F 05837

F 05837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 26-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma Ahl - (Nelson)

(a) Residence: No. 3607 Brehms Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed or divorced ~~HUSBAND of~~ (or) WIFE of Clarence Ahl.

7. DATE OF BIRTH (month, day, year) July 17 1881

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	3	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Louis Blischke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Hippler

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Clarence Ahl

(Address) 3607 Brehms Lane

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Oct. 23, 1934

UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

21934 Filed Oct 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1934, to October 20, 1934

I last saw her alive on October 20, 1934 Death is said to have occurred on the date stated above, at 11 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
1. Cyst of brain - frontal lobe	
2. Cerebral uremia	
3. Hypertension.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 05838

F 05838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2102 Bryant ave 13-01 Ward)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

FULL NAME, Birdie E. Kayler

(a) Residence: No. 2102 Bryant ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Thaniel E Kayler

DATE OF BIRTH (month, day, year) JAN-15-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 37

Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Archibald Riddle

BIRTHPLACE (city or town) (State or country) Maryland

MAIDEN NAME Sarah Hall

BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Thaniel E Kayler

(Address) 2102 Bryant ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Oct 22 1934

UNDERTAKER J B Tippett & Son

(Address) 1500 Eutaw Place

FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 3 year 1928 to oct 20 1934

I last saw her alive on oct 20 1934 Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset .....

Other contributory causes of importance:

Arterial hypertension
Mitral insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) D J Nuzum M. D.

(Address) 2419 Reisterstown Rd.

1268-9

F 05839

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05839

CERTIFICATE OF DEATH

✓ 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. President Hosp. 16-01 Ward)

of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Wm Gatewood

Residence: No. 614 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Married

Married, widowed, or divorced
HUSBAND of
(or) WIFE of Bessie Gatewood

DATE OF BIRTH (month, day, year) May 12-1891

Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) King George Va

NAME OF FATHER Wm Gatewood

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME OF MOTHER Annie Washington

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Bessie Gatewood

(Address) 614 N. Bruce

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Oct 22 1934

UNDERTAKER Thomas E. Kalson

(Address) 1303 Eastman st

FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Oct 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Few Hours	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leik M. D.
by Foney Coroner

(Address)

F 05840

05840 HEALTH DEPARTMENT—CITY OF BALTIMORE

107-001

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Sinai Hospital St., 6-01 Ward)

How long in U. S. If of foreign birth? yrs. mos. da.

of residence in city or town where death occurred yrs. 1 mos. 2

FULL NAME Geraldine Colligan

(a) Residence: No. 109 N. Rose St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Sept. 19, 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Howard Colligan

BIRTHPLACE (city or town) (State or country) Baltimore Md.

MAIDEN NAME Leanette Walker

BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Howard Colligan

(Address) 109 N. Rose St.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Oct. 22, 1934

UNDERTAKER John Ulrich

(Address) 1225 Linwood St

FILED OCT 20 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1934 to October 21, 1934

I last saw her alive on October 21, 1934 Death is said to have occurred on the date stated above, at 1.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia - Type Undetermined	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there autopsy? No

23. If death was due to external causes (violence) state also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, [illegible] and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel J. Schwartz, M. D.

(Address) Sinai Hospital

B 1268-9

5841 **HEALTH DEPARTMENT—CITY OF BALTIMORE** P 05841

CERTIFICATE OF DEATH

99

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 701 S. Broadway 2-01 Ward)

th of residence in city or town where death occurred 58 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Henry Waldorf

(a) Residence: No. 701 S. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca W. Waldorf

ATE OF BIRTH (month, day, year) Apr. 3 1859

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	18	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gents' Furnishings

. Industry or business in which work was done, as silk mill, saw mill, Bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

3. NAME — Waldorf

4. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Mr. Milton Waldorf

(Address) 701 S. Broadway

BURIAL, CREMATION, OR REMOVAL

Pl Oct. Friendship Date Oct. 23 19 34

UNDERTAKER Baird Sondheimer Son

(Address) 1902 Eutaw Place

FILED

T 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21st, 1934, to Oct 21st, 1934

I last saw h Le alive on Oct 21, 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Oct 21/34

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Hermella J. Gerwig M. D.

(Address) 1900 Eastern Ave.

B. 1268-9

12 HEALTH DEPARTMENT—CITY OF BALTIMORE 05842

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 412 E. Lafayette Ave St., 12-C1 Ward)

h of residence in city or town where death occurred 72 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles L. Comegys

(a) Residence: No. 412 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Widower

married, widowed, or divorced
HUSBAND of (or) WIFE of Emma K. Wharton

TE OF BIRTH (month, day, year) Nov. 10, 1860

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) St. Michael's
(State or country) Calvert Co., Md.

. NAME John Wesley Comegys

. BIRTHPLACE (city or town) Calvert County
(State or country) Maryland

5. MAIDEN NAME Elizabeth Cumberland

6. BIRTHPLACE (city or town) -------
(State or country) -------

NFORMANT Mr. Chas. B. Comegys
(Address) 412 E. Lafayette Ave.

URIAL, CREMATION, OR REMOVAL
Place Mount Olivet Date 10/23 19 34

UNDERTAKER Henry H. Meakes and Son
(Address) 809 W. Lanvale St.

FILED ..... 19.. ..... Registrar

OCT 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1933 to Oct 20 1934

I last saw him alive on Oct 20 1933 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Other contributory causes of importance: Myocarditis	

Name of operation none Date of .....

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) John W. Tidard M. D.

(Address) 1219 Poplar Grove

F 05843

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05843

CERTIFICATE OF DEATH

✓ 34

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. Baltimore City Hospitals St., 13-01 Ward)

of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Sarah Leona Kyler

(a) Residence: No. 2325 N. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3.	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	Colored	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of Margaret

TE OF BIRTH (month, day, year) June 8, 1883

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
51	4	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Postman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore

NAME Sarah Leona Kyler

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Sarah Isaacs

BIRTHPLACE (city or town) (State or country) Md

FORMANT Friends
(Address) Balt City Hosp

AL, CREMATION, OR REMOVAL
Place ... Date Oct 22 34

NDERTAKER Bernard Blumberg
(Address) 818 North Eutaw St.

ILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1934, to Oct 18, 1934

I last saw him alive on Oct. 18, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C. N. S. Syphilis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I P Nagel, M. D.

(Address) Balt City Hosp

F 05844

Hinternesch

F 05844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Baltimore City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. ..... St., 19-41 Ward)

How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

(a) Residence: No. 531 N. Longwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

FULL NAME Marie E. Hinternesch

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

(If married, widowed, or divorced) WIFE of Otto Hinternesch

6. DATE OF BIRTH (month, day, year) Oct 14 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	11		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation Life

8. BIRTHPLACE (city or town) (State or country) Maryland

9. NAME OF FATHER Christian Gerhard

10. BIRTHPLACE (city or town) (State or country) Germany

11. MAIDEN NAME ?

12. BIRTHPLACE (city or town) (State or country) Germany

13. INFORMANT Hospital Records

(Address)

14. BURIAL, CREMATION, OR REMOVAL

Place Ste. Paul Date Oct. 22, 1934

15. UNDERTAKER Towell & Byers

(Address) 2824 Edmondson Ave.

FILED 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-3, 1934 to 10-18, 1934

I last saw h. alive on 10-18, 1934 Death is said to have occurred on the date stated above, at 1:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	14 yrs
Cholelithiasis	
Other contributory causes of importance:	
Surgical Shock	1 day

Name of operation Cholecystectomy Date of 10-16-34

What test confirmed diagnosis? Operation Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so specify .....

(Signed) James A. Good M. D.

(Address) Balto City Hospitals

1268-9

F 05845

HEALTH DEPARTMENT—CITY OF BALTIMORE

45

CERTIFICATE OF DEATH

XJ 94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (a) No. 1324 Eutaw Place (b) 11-01 Ward)

of residence in city or town where death occurred yrs. mos. 3 weeks How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr. Ralph Forester 1514 Governor Ave. Jacksonville Fla.

(a) Residence: No. 1324 Eutaw Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color White | 5. Single, Married, Widowed, or Divorced (write the word) Married

(If married, widowed, or divorced) HUSBAND of Mary E. Forster

(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1-1889

Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt R.W. & Press.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

8. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Knoxville Tenn

(State or country) Unknown Valley Forge Pa

10. NAME OF FATHER Chas Valley Forge Pa

11. BIRTHPLACE (city or town) (State or country)

12. MAIDEN NAME OF MOTHER Margaret McCoy

13. BIRTHPLACE (city or town) (State or country) Montgomeryville Pa

14. INFORMANT Margaret D. Forester

(Address) Jacksonville Fla

15. BURIAL, CREMATION, OR REMOVAL

Place Atlanta Ga. Date Oct 24 1934

16. UNDERTAKER John O. Mitchell Bros.

(Address) 1000 Eutaw Place

FILED Oct 24 1934 Registrar.

Transit to Jacksonville, Fla.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

saw h alive on 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Sudden	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H C Lurk M. D.

Coroner

(Address)

B. 1268-9

F 05846

846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. St. Paul & 23rd Sts. St., 16-91 Ward)

of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Elizabeth Russell

(a) Residence: No. 824 W. Carrollton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Charles Russell

DATE OF BIRTH (month, day, year) Aug. 12, 1864.

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York City New York

NAME Powers

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME W

BIRTHPLACE (city or town) (State or country) W

INFORMANT Frank Joseph Russell

(Address) 908 Overbrook Road

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct. 23, 1934

UNDERTAKER Fay & Hurtle

(Address) 101 Edmondson Ave.

FILED Huntington Fitzgerald, M.D. Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1934 to Oct 20, 1934

I last saw her alive on Oct 20, 1934 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Oct 12
Other contributory causes of importance: Generalized arteriosclerosis & Senile Dementia	gradual onset

Name of operation none Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 2, 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? W If so, specify

(Signed) Nathaniel M Beck M. D.

(Address) 1006 23rd St

7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05847

847

CERTIFICATE OF DEATH

23

REGISTERED NO.

1-PLACE OF DEATH

of BALTIMORE: (No. 1209 Eutaw St., 17-44 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charles Ware

(a) RESIDENCE NO. 1209 Eutaw St. Ward

(Usual place of abode)

(If non-resident give city or town and State)

of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Mul C	single

married, widowed, or divorced
HUSBAND of
or) WIFE of

E OF BIRTH (month, day, and year) Jan 19 1/04

Years	Months	Days	IF LESS than 1 day hrs. or min.
	9	-	

CUPATION OF DECEASED

) Trade, profession or particular kind of work Laborer

) General nature of industry, business, or establishment in which employed (or employer)

) Name of employer

THPLACE (city or town) Baltimore

State or country)

10 NAME OF FATHER Robert Ware

11 BIRTHPLACE OF FATHER (City or town) Essex Co Va

(State or country)

12 MAIDEN NAME OF MOTHER Eliza Scott

13 BIRTHPLACE OF MOTHER (city or town) Va

(State or country)

Informant Ella Ware

(Address) 609 Park Ave

Filed 19 Huntington Williams Registrar

22 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 11 45 AM 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 14, 1934 to Oct 19, 1934, that I last saw h alive on Oct 19, 1934, and that death occurred, on the date stated above, at 11 45 a.m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 da.

CONTRIBUTORY (Secondary) Acute Alcoholism

(duration) yrs. 2 mos. da.

18 Where was disease contracted own

if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H. H. Huntington, M. D.

, 19 (Address) 1202 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Cemetery

Date of Burial 24 3 1934

20 UNDERTAKER Emanuel Kaditz

ADDRESS 2101 W Lafayette

Mad 0762

1265-9

F 05848

HEALTH DEPARTMENT—CITY OF BALTIMORE

5848

CERTIFICATE OF DEATH

✓ 139-002

PLACE OF DEATH Provident Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 1214 Pennsylvania Ave. St., 14-01 Ward)

of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Courtney Parker

(a) Residence: No. 1600 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Married

married, widowed, or divorced
(HUSBAND of WIFE of) Mildred Parker

DATE OF BIRTH (month, day, year) May 25, 1903

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	4	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

Date deceased last worked at this occupation (month and year) 10-37

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Nanny Mo

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mildred Parker

(Address) 1600 Pennsylvania

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date Oct. 22, 1934

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

FILED Huntington Williams Asst. Registrar

21534 Oct 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1934 to 10-20, 1934

I last saw h alive on 10-20, 1934. Death is said to have occurred on the date stated above, at 1.00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Pelvic Abscess	

Other contributory causes of importance:

Name of operation Pelvic Puncture Date of 10-18

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. J. Farrell M.D.

(Address) Provident Hospital

F 05849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. ..... St. 2-7-61 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Dr Francis M Root

(a) Residence: No. 5 Monument St (St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of Barbara Root

6. DATE OF BIRTH (month, day, year) Feb 24 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45		27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Professor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 64

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Ohio

10. NAME Agnes Root

11. BIRTHPLACE (city or town) (State or country) Mass

12. MAIDEN NAME Anna Mitchell

13. BIRTHPLACE (city or town) (State or country) Mass

14. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

15. BURIAL, CREMATION, OR REMOVAL

Burial Date Oct 23 1934

16. UNDERTAKER Andrew H Jenkins Sons Co

(Address) Catalpa Pk Catalpa

17. FILED Oct 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934 to Oct 21, 1934

I last saw h in alive on Oct 21, 1934 Death is said to have occurred on the date stated above, at 4:45 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY OCCLUSION	9/25
MYOCARDIAL INFARCTION	9/30
CARDIAC INSUFFICIENCY	10/
Other contributory causes of importance: ACUTE PULMONARY EDEMA	Oct 17

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Herbert Elkert M. D.

(Address) Johns Hopkins Hosp

R 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 6850

850

CERTIFICATE OF DEATH

✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 1706 Holbrook Street St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William J.Brian

(a) Residence: No. 1706 Holbrook Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

married, widowed, or divorced WIFE of (or) HUSBAND of Catherine J.Latchford

DATE OF BIRTH (month, day, year) Jan 25 ,1871.

AGE Years	Months	Days	If LESS than 1 day, hours or min.
63	8	25	#####

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME OF FATHER George Brian

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MAIDEN NAME OF MOTHER Elizabeth Baney

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs. Catherine J.Brian

(Address) 1706 Holbrook Street.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Oct.23, 1934

UNDERTAKER Huntington Williams, Inc.

(Address) 1715 Eutaw Place

FILED 21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.20, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19 . I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at about 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Apoplexy	
(History of hypertension)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Pacini, Coroner . M. D.

(Address) 20 E Lexington

5-31 2500

HEALTH DEPARTMENT—CITY OF BALTIMORE 55851

55851

CERTIFICATE OF DEATH

95-002

Registered No. 16-01

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

OF BALTIMORE: (No. 944 W. Baltimore St. St., 16 Ward)

How long in U. S. if of foreign birth? yrs. mos. ds.

of residence in city or town where death occurred Life mos. ds.

FULL NAME Mose Salomon

Residence: No. 944 W. Baltimore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Married

Married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Opper Salomon

DATE OF BIRTH (month, day, year) February 17, 1870

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	64	8	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Mfg. for Self
8. Date deceased last worked at this occupation (month and year) July 1924
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10. NAME Samuel Salomon

11. BIRTHPLACE (city or town) (State or country) Maryland

12. MAIDEN NAME Bertha Coblentz

13. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Miss Gertrude E. Salomon
(Address) 944 W. Baltimore St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Oct. 25 1924

UNDERTAKER Joseph H. Koob
(Address) 1003 W. Baltimore St.

Huntington Williams

FILED 1924

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1924

22. I HEREBY CERTIFY, That I attended deceased from Oct 12, 1924 to Oct 22, 1924

I last saw him alive on Oct 21, 1924 death is said to have occurred on the date stated above, at 3 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	?
Pulmonary Oedema	

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Norwood M. D.

(Address) 939 W. Fayette St.

P 1268-9

F 05852

852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hospital 33rd & Calvert Sts St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dorothy Benson (Dorothy Cunliffe Benson)

(a) Residence: No. 867 W. Fayette St - city St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Jan 1st 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	10	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

Industry or business in which work done, as cotton mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

3. NAME Robert H. Benson

4. BIRTHPLACE (city or town) (State or country) Southport England

5. MAIDEN NAME Dorothy A. Briggs

6. BIRTHPLACE (city or town) (State or country) Avery Maryland

INFORMANT Mr. Robert H. Benson

(Address) 867 W. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Oct. 23 19 34

UNDERTAKER Hart & Cook

(Address) 1003 E. Baltimore St.

FILED Huntington Williams, M.D. Registrar

1934 & ATT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from 10/20/34 19 to 10/21/34 19

I last saw h alive on 10/21/34 19 Death is said to have occurred on the date stated above, at 2 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronco Pneumonia - Left - ?	48 hrs
Intussusception — ?	12 hrs

Other contributory causes of importance:

anuria	?
dehydration	?

Name of operation none Date of —

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) A J Alexander M. D.

(Address) Union Memorial Hospital

B 1268-9

F 05853

53

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

96

PLACE OF DEATH University Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Brem & Loudon St., 9-01 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Herbert B. Strohman

(a) Residence: No. 1538 Cornwell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
M	white.	W.

~~married, widowed~~ or divorced

WIFE of HUSBAND of Nettie Strohman

DATE OF BIRTH (month, day, year) Nov 16th 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Geo Koppelman

9. Date deceased last worked at this occupation (month, day, year) Oct 20th 1934

10. Total time (years) spent in this occupation 2

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Henry C. Strohman

13. BIRTHPLACE (city or town) (State or country) Balto Md.

14. MAIDEN NAME Annie Steinfort

15. BIRTHPLACE (city or town) (State or country) Balto Md

16. INFORMANT Mrs A. M. Shaw

(Address) 2209 Chilham Rd

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 23rd 1934

18. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED Oct 24 1934 Registrar.

OK Eugene Feldman M.D. Coroner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-20-34 1934 to 10-20 1934

I last saw him alive on 10-20 1934 Death is said to have occurred on the date stated above, at 7:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Aneurysm, left Circle of Willis	1930
Cerebral Hemorrhage	10-20-34

Other contributory causes of importance: ovn

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. L. Fleming M. D.

(Address) University Hospital

1934

B. 1268-9

5854 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05854

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Baltimore City Hosp St., 26-2 Ward)

th of residence in city or town where death occurred 2 yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John T. Adams

(a) Residence: No. - Hazelwood Ave St., 22 Ward. Balto. Co. Md

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married

married, widowed, or divorced HUSBAND of (or) WIFE of Mary Adams

TE OF BIRTH (month, day, year) Nov 13, 1865

E Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plastering

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building 057

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

IRTHPLACE (city or town) (State or country) Washington D.C.

. NAME William Adams

. BIRTHPLACE (city or town) (State or country) Washington D.C.

. MAIDEN NAME Mary Furnack

. BIRTHPLACE (city or town) (State or country) Baltimore Md

NFORMANT Records

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date Oct 25 1934

NDERTAKER Wm Cook

(Address) 1217 St Paul St

21934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1934 to Oct. 22, 1934

I last saw h[illegible] alive on Oct 22 1934 Death is said to have occurred on the date stated above, at 6.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Carbuncles of Neck	ca 1 wk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T Pheezel M. D.

(Address) Balt City Hosp

P 1268-9

855 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05855

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No.) 1127 Ashburton St., 16th (Ward)

Length of residence in city or town where death occurred: Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Martin J. Shanks

(a) Residence: No. 1127 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

SEX: ~~Male~~ ~~Female~~ ~~widowed~~

HUSBAND of Margaret Shanks

DATE OF BIRTH (month, day, year) July 18th 1864

AGE: Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	2	

Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. Helper - Boiler Maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co

Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 15

BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER'S NAME John Shanks

FATHER'S BIRTHPLACE (city or town) (State or country) Ireland

MOTHER'S MAIDEN NAME Mary Custy

MOTHER'S BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Wilmer Krowl

(Address) 1127 Ashburton St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 23rd 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Oct 20 1934

I last saw him alive on Oct 20 1934. Death is said to have occurred on the date stated above, at 6th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis Chronic myocardial dis. Chronic Nephritis	Last Few Years
Other contributory causes of importance: Cerebral Hemorrhage Hemiplegia	1/2 day

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Mitchell M. D.

(Address) 2901 Edmondson Ave

B 1208-9

E 05856

856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH South Baltimore General Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St. 24 Ward) 1

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph James Tolson

(a) Residence: No. 104 E. Hamburg St., Ward. Ch. W. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

ATE OF BIRTH (month, day, year) Aug 8th 1927

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
7	2	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) Baltimore Md (State or country)

13. NAME James Edward Tolson

14. BIRTHPLACE (city or town) Baltimore Md (State or country)

15. MAIDEN NAME Edna Jones

16. BIRTHPLACE (city or town) Baltimore Md (State or country)

INFORMANT James E. Tolson

(Address) 104 E. Hamburg St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 23rd 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

2 1934 Huntington Williams, Reg. Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~Oct~~ Oct 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934 to Oct 21, 1934

I last saw ... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.07 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteopenopathia	
Osteomyelitis	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. N. Taskal M. D.

(Address) South Baltimore General

P 1268-9

F 05857

857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 6303 Mayflower Rd. (Ward) 22-01

th of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James A. Burns

(a) Residence: No. 6303 Mayflower Road Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed, or divorced)
HUSBAND of (or) ~~Wife~~ of Julia Burns

ATE OF BIRTH (month, day, year) 1865-69

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0/3

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

Date deceased last worked at this occupation (month and year)

14. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Scotland

3. NAME James V Burns

4. BIRTHPLACE (city or town) (State or country) Scotland

5. MAIDEN NAME Julia B Meara

6. BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT Mrs F. V Blankeford

(Address) 6303 Mayflower Road

RIAL, CREMATION, OR REMOVAL

Place Bethel Cemetery Date Oct 23 1934

NDERTAKER Mary M Wrapped Jr

(Address) 2016 22nd St

FILED Oct 24 1934 D.C. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1934 to Oct. 20 1934

I last saw ~~him~~ alive on Oct. 20 1934 Death is said to have occurred on the date stated above, at 12.05 m. A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar Left Side	Oct 16 34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H C Hess M. D.

(Address) 5600 York Rd

. H. 1268-9

5858 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05858

CERTIFICATE OF DEATH

95-002

PLACE OF DEATH

Registered No. .....

Y OF BALTIMORE: (No. 1807 Braddish Avenue St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Hiram B.McClure

(a) Residence: No. 1807 Braddish Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida B.McClure

6. DATE OF BIRTH (month, day, year) Feb.7, 1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	8	13	#####

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing House

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Samual McClure

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Nellie Logan

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

INFORMANT Mrs. Ida B.McClure

(Address) 1807 Braddish Avenue.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/23/34, 19

UNDERTAKER George J. Roth Inc.

(Address) 1135 Hollins St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th 1934 to Oct 20th 1934

I last saw h... alive on Oct 20th 1934 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Cardio vascular disease - | Date of onset

Other contributory causes of importance:

Bronchial Pneumonia and uraemia -

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 3045 E N Avenue

D. B. 1268-0

F 05859

859

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

. PLACE OF DEATH

TY OF BALTIMORE: (No. 306 S Bruce St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

. FULL NAME Edward Hess

(a) Residence: No. 306 S. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Augusta Hess

DATE OF BIRTH (month, day, year) Nov. 20 - 1883

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
50 51	51	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Louis Hess

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sara Demus

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Augusta Hess
(Address) 306 S. Bruce St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 23 1934

19. UNDERTAKER Josiah Seiler
(Address) 1600 N. Howard St

20. FILED 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/1934

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1934 to Oct. 21, 1934

I last saw h. alive on Oct. 21, 1934 Death is said to have occurred on the date stated above, at 8:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tb.	6 mos ago
Other contributory causes of importance: Bronchopneumonia	10/20/34

Name of operation None Date of

What test confirmed diagnosis: Clinical findings Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herman Kolb, M. D.

(Address) 20 30 Wilkens Ave

B. 12 F 05860 ✓ F 05860

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 114 E. Fort Ave. St., 24-01 Ward)

th of residence in city or town where death occurred 40 yrs. 0 mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John P. Yates

(a) Residence: No. 114 E. Fort Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Oct. 17 1894

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	0	3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 037
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept.
9. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation 5

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John P. Yates

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Amanda Thornton

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Amanda Yates
(Address) 114 E. Fort Ave.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 10/23, 1934

UNDERTAKER J. F. McCulley
(Address) 130 E. Fort Ave.

23 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 12, 1933 to Oct. 20, 1934

I last saw him alive on Oct. 20, 1934. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cardio-vascular renal disease	Oct. 12, 1933
Other contributory causes of importance:	

Name of operation none Date of --

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ...

(Signed) Harry Deibel M. D.

10/22/34 (Address) 1224-1226 Hanover St.

F 05861

F 05861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3912 Dorchester Rd 15-01 Ward)

h of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nellie G. Freeman

(a) Residence: No. 3912 Dorchester Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

~~married~~ widowed, ~~or divorced~~
~~HUSBAND~~ of
(or) WIFE of Thos. W. Freeman

TE OF BIRTH (month, day, year) May 14th 1868

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

IRTHPLACE (city or town) (State or country) York Pa

. NAME Henry Grealy

4. BIRTHPLACE (city or town) (State or country) York Pa

5. MAIDEN NAME Ann Jamison

6. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Mrs. Milda Freeman

(Address) 3912 Dorchester Rd

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 24th 1934

UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

FILED Oct 23 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 1934 to Oct 22 1934

I last saw her alive on Oct 21 1934 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia — left	10-21-34

Other contributory causes of importance:

Intestinal Hyperemia
Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard [illegible] M. D.

(Address) 2604 Garrison Blvd.

B F 05862 ✓ F 05862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3509 Garrison Ave Ward) 15-01

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anna B. Sippel

(a) Residence: No. 3509 Garrison Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
ale	White	Married

~~If married, widowed or divorced~~ (or) WIFE of Vernon C. Sippel

ATE OF BIRTH (month, day, year) Jan 1st 1902

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
32	9	19	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish dry Cleaning Co
11. Total time (years) spent in this occupation 2-
12. Date deceased last worked at this occupation (month and year) Oct 1934

BIRTHPLACE (city or town) (State or country) West Fairview Pa

13. NAME John F. Slaine
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Annie M. Myers
16. BIRTHPLACE (city or town) (State or country) West Fairview Pa

INFORMANT Margaret E. Klein
(Address) 2806 Montebello Terrace

BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 23rd 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

FILED T23193 Huntington Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13. 1934 to Oct 20th 1934
I last saw her alive on Oct 20 1934 Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	

Other contributory causes of importance:

Chr Nephritis	

No

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur C Mannnger M. D.
(Address) 800 E North Ave.

F 05863 ✓ ✓ F 05863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

PLACE OF DEATH Md. General Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME — Baby Carron

(a) Residence: No. 2313 N Levengood St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 19/34

AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or ..... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country)

12. NAME William Samuel Carron

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Grace Ann Ryder

16. BIRTHPLACE (city or town) (State or country)

INFORMANT .....
(Address) 2313 N. Levengood St

BURIAL, CREMATION, OR REMOVAL
Place ..... Date ....., 19

UNDERTAKER .....
(Address)

FILED 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/20/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 10/20/34, 19, to 10/20/34, 19

I last saw h[illegible] alive on 10/20/34, 19 Death is said to have occurred on the date stated above, at 9:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) H C Taylor, M. D.
(Address) 3rd Gen Hosp

B. [illegible] F 05864 ✓ F 05864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004
Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1044 Granby St. 3-01 Ward)

th of residence in city or town where death occurred 48 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rosa Breyer

(a) Residence: No. 1044 Granby St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

f married, widowed, or divorced HUSBAND of (or) WIFE of Louis Breyer

ATE OF BIRTH (month, day, year) 1849

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Louis Breyer
(Address) 1044 Granby st

BURIAL, CREMATION, OR REMOVAL
Place New North Point Rd Date Oct 23 1934

UNDERTAKER Sol Levinson & Bro
(Address) 127 E Baltimore st

23 1934 Huntington Williams, M.D.
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-13-1934 to Oct-22-1934

I last saw h[illegible] alive on Oct-21-1934 Death is said to have occurred on the date stated above, at 8 30 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset 10/13/34

Other contributory causes of importance:

none

Name of operation none Date of .....

What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Herman Stiedl M. D.

(Address) 2404 Eutaw Pl

F 05865

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05865

CERTIFICATE OF DEATH

PLACE OF DEATH 3rd Sleepy Hospital Md. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Fayette & Pulaski Ward)

th of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Dorothy Lee [redacted] Welch

(a) Residence: No. Sykesville Md. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 4/21/34

E	Months	Days	If LESS than 1 day, hrs. or min.
7 months		12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Sykesville Md

3. NAME per John Welsh Sykesville Md.

C. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME Mary E. Puckett

6. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland.

NFORMANT John H. Welsh

(Address) Sykesville Md.

BURIAL, CREMATION, OR REMOVAL

Place Morgan Street Cemetery Oct-24 19

UNDERTAKER G. M. Watts

(Address) Woodbine Md.

FILED 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-14 1934 to 10-22 1934

I last saw her alive on 10-23 1934. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition	
Fever	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dane L. Shoemaker M.D.

(Address) 3rd Precinct Baltimore

F 05866

Wakoff

✓ F 05866

1603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., 3-01 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Natalie Wakoff

(a) Residence: No. 236 S Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 9/28/28

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6		04	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Harvey Wakoff

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rosetta Rosenhoff

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Henry Berg Date 10-24-34

UNDERTAKER Jack Levin Jr

(Address) 1439 E. Baltimore St

[illegible] 19 to [illegible]

2319341

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-21, 1934, to Oct-22, 1934.

I last saw h[illegible] alive on Oct-22, 1934. Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis - Type undetermined	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Schwed M. D.

(Address) J. H. H.

F 05867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N. Washington Ave. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Geo. W. Dill

(a) Residence: No. 620 N. Washington St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Dill

DATE OF BIRTH (month, day, year) Jan 10 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholstering

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John A. Dill

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Margaret Ann

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Louise Dill

(Address) 620 N. Washington

BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date Oct 24 1934

UNDERTAKER Philip Herring Sons

(Address) 1616 Orleans St

Filed ..... 19 ..... Registrar

T23 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1930 to October 21, 1934

I last saw him alive on October 21, 19.. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo-Myocarditis	1929

Other contributory causes of importance:

Generalized Arteriosclerosis	not known

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank Lloyd M. D.

(Address) 2005 N. Monument St.

D. B. F-05868 ✓ F 05868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 476

1. PLACE OF DEATH: Maryland Penitentiary Hospital
CITY OF BALTIMORE: (No. 954 Forrest St., B-6 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Emmett Hubbard
(a) Residence: No. 234 Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mrs. Florence Hubbard

DATE OF BIRTH (month, day, year): Aug 28, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Copper Works
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): South Hill, P.O. Mecklenburg Co. Va.
13. NAME: Louis Hubbard
14. BIRTHPLACE (city or town) (State or country): Unknown
15. MAIDEN NAME: Mary ?
16. BIRTHPLACE (city or town) (State or country): Unknown
17. INFORMANT: Lewis Hubbard (Uncle)
(Address): Route 2 Box 35 Lawrenceville, Va
18. BURIAL, CREMATION, OR REMOVAL: Mt. Olivet Cem. Date Oct 23 1934
19. UNDERTAKER: Frank Stanley
(Address): 818 Fremont Ave.
Filed Oct 23 1934 Registrar: Justine Van Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 16th, 1934
22. I HEREBY CERTIFY, That I attended deceased from August 8th, 1934 to Oct. 16th, 1934
I last saw h~~im~~ alive on Oct. 16th, 1934 Death is said to have occurred on the date stated above, at 1:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retro-peritoneal carcinoma with metastasis to liver and extension to stomach	8-8-34

Other contributory causes of importance:

Name of operation: Exploratory Laparotomy of 9-12-34
What test confirmed diagnosis? Usual Was there an Autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John F. Aubrey M. D.
(Address) 954 Forrest St or 606 Annesley Road

23193d

D. B 1268 F 05869 ✓ F 05869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Dillon St St., 1-01 Ward)

Length of residence in city or town where death occurred 84 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Oliver Hansen

(a) Residence: No. 2901 Dillon St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Emily J Hansen

DATE OF BIRTH (month, day, year) Apr 3 1847

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	87	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apts

10. Date deceased last worked at this occupation (month and year) 1932 | 11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Norway

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Emily J Hansen

(Address) 2901 Dillon St

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Oct 25 1934

UNDERTAKER L Lauter & Sons Inc

(Address) 1210 East St

FILED 11-2-34 for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P J Herzog M.D. M. D.

Coroner

(Address) 1305 N Patterson Park

D. B. F 05870

F 05870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1348 James St., 21-01 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine L. Cavanaugh

(a) Residence: No. 1348 James St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Patrick H Cavanaugh

DATE OF BIRTH (month, day, year) Feby 28, 69

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 097

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME William E. Wallace

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

15. MAIDEN NAME Mary E. Foster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr Geo. Cavanaugh

(Address) 1348 James St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 10/24/1934

19. UNDERTAKER John J. Cairns & Son

(Address) 1601 Hollins St

Huntington Williams

T23004

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/21/1934

22. I HEREBY CERTIFY, That I attended deceased from 10-18-1934 to 10-21-1934

I last saw h. alive on 10-21-1934 Death is said to have occurred on the date stated above, at 5½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
(Partial)	
Other contributory causes of importance: Pneumonia	
Arteriosclerosis	

Name of operation Auriculoventricular Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Louis Glass M. D.

(Address) 1112 Washington Blvd

F 05871

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05871

CERTIFICATE OF DEATH

x 46

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-a Ward)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Laurence F. Haley

(a) Residence: No. Easton, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of Bessie Haley (or) WIFE of

DATE OF BIRTH (month, day, year) January 21, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer, retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

12. NAME Robert A Haley

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Mary Shuffer

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Bessie Haley

(Address) Easton md

BURIAL, CREMATION, OR REMOVAL

Place Waynesboro Date 10/23 1934

UNDERTAKER Walter y Grove

(Address) Waynesboro Penna

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23 1934

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1934 to October 23, 1934

I last saw him alive on October 22, 1934 Death is said to have occurred on the date stated above, at 5-15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	Oct 12, 34
Gastric Hemorrhage	Oct 22, 34
Intestinal Obstruction	Sept 29, 34

Other contributory causes of importance:

Name of operation Palliation gastroenterostomy Date of 8/1/34.

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Alfred Charles Moore M. D.

(Address) Mercy Hospital, Baltimore, Md.

F 05872 ✓ F 05872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... (Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James Witherspoon

(a) Residence: No. 1414 Pennsylvania St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Eugenia (dead)

DATE OF BIRTH (month, day, year) July 7, 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	3	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Joe

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Easter Reed

16. BIRTHPLACE (city or town) (State or country) S. C

INFORMANT Records Balt City Hosp
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Oct 22 19 37

UNDERTAKER Dennis Foster
(Address) 916 E. Pratt

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934 to Oct 19, 1934

I last saw h. alive on Oct 19, 1934 Death is said to have occurred on the date stated above, at 1435 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Urethral stricture	?
Hydronephrosis	?
	Oct

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) I Phagel, M. D.

(Address) Balt. City Hospitals

F. 05873 ✓ F 05873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1111 Argyle ave St. 17-21 Ward)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Thomas West.

(a) Residence: No. 1111 Argyle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary M. West.

DATE OF BIRTH (month, day, year): 1872

AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Q.M.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Accomac Co Va

13. NAME OF FATHER: Henry T. West.

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Va.

INFORMANT: Mary M. West.
(Address): 1111 Argyle ave

BURIAL, CREMATION, OR REMOVAL
Place: Mt. Zion Cem. Date: 10/25/ 1934

UNDERTAKER: Frances A. Hemsley
(Address): 516 W. Biddle St.

FILED 19 (Registrar)

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/22/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/22/ 1934 to 10/22/ 1934

I last saw him alive on 10/21/ 1934 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocarditis	2/1/34
Other contributory causes of importance: Acute Nephritis	10/15/34

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Hurd Kerr M. D.

(Address) 912 N. Eutaw St

F 05874

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05874

CERTIFICATE OF DEATH

210-001

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Provident Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Barnes

(a) Residence: No. 542 W Lanvale St Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	married

married, widowed, or divorced HUSBAND of (or) WIFE of Mahalia Barnes

TE OF BIRTH (month, day, year) 1868

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) St Marys Co, Md

. NAME John Barnes

. BIRTHPLACE (city or town) (State or country) St Marys Co.

. MAIDEN NAME Annie ?

. BIRTHPLACE (city or town) (State or country) St Marys Co

NFORMANT Mahalia Barnes

(Address) 542 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 10/24 1934

NDERTAKER Frances A Moseley

(Address) 518 W Biddle St.

FILED 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Injury 19 to 19

I last saw him alive on Injury 19 Death is said to have occurred on the date stated above, at 1.00 P m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures

Shock.

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/19 1934

Where did injury occur In front of 122 Druid Hill Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P Kenny Coroner

(Address) 2100 E Madison St.

D. P. 1268-9 F 05875

F 05875

70619 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 27-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Irene Watson

(a) Residence: No. 2711 Montebello Terrace St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

If married, widowed, or divorced
HUSBAND (or) WIFE of Wilbain

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35 -			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md -

13. NAME Wm Hopkins

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Ella Fountain

16. BIRTHPLACE (city or town) (State or country) Md -

INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Mt. Lawn Cem Oct 23 1934

UNDERTAKER Bernard P. Hensley
(Address) 818 Druid Hill Ave

FILED 23 1934 Huntington W. Willard

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934 to Oct 19 1934

I last saw her alive on Oct 19 1934 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculous, fibrated, acute	1yr ago

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Sputum Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. Carmichael Kelly M. D.

(Address) John Hopkins Hospital

F 05876

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05876

186-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3225 Dudley Ave St. 26-01 (Ward)

(If outside city limits, insert name of city or town where death occurred) Sp. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Nieberlein

(a) Residence: No. 3225 Dudley Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Katherine

7. DATE OF BIRTH (month, day, year) Mar 18/1848

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	7	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME ???? Nieberlein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew Nieberlain (Son)

(Address) 3225 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL Date 10/13/34 19

Place Oak Lawn

19. UNDERTAKER Philip Herwig Sr

(Address) 2011 Eden St

20. FILED OCT 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said

I last saw h..... alive on ..... 19..... to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure due to	
General Arteriosclerosis	
Senile Changes-Nephritis etc.	

Other contributory causes of importance:

Shock- fall down stairs	Oct 15

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury Oct 15/34

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell from 2nd to 1st floor

Manner of injury in residence

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

D. P. 1268-9

F 05877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Kubin

(a) Residence: No. Essex, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 11 1895

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blumenthal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME John Kubin

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Lisek

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Julia Third Sister

(Address) 2310 Liverton St.

BURIAL, CREMATION, OR REMOVAL

Place Pt Breeze Date Oct 24. 1934

UNDERTAKER Lilly & Zeiler Inc

(Address) 1036 E. Baltimore St.

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-34

22. I HEREBY CERTIFY, That I attended deceased from 10-21-34 19 to 10-21-34 19

I last saw her alive on 10-21-34 19 Death is said to have occurred on the date stated above, at 4.45 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 10-21-34

Other contributory causes of importance:

none

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) Univ. Hosp.

D. B. 1268-9

5878 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 05878

CERTIFICATE OF DEATH

1, 31

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 708 S conkling St., 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Bernard Wolf.

(a) Residence: No. 708 S Conkling. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresia Wolf

DATE OF BIRTH (month, day, year) Oct. 14 1873.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ond

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME George Wolf

14. BIRTHPLACE (city or town) (State or country) Germany,

15. MAIDEN NAME Christina Wienholt.

16. BIRTHPLACE (city or town) (State or country) Germany,

INFORMANT (Address) Theresia Wolf(wife) 708 S Conkling St

BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date Oct 24 19 34

UNDERTAKER (Address) Tillie Zeile Inc 403 S Calhoun St.

FILED ... 19 ... Requested: Austin Tex. Wis.

OCT 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20 19 34

22. I HEREBY CERTIFY, That I attended deceased from Oct 13 19 34 to Oct 20 19 34

I last saw h alive on Oct 20 19 34 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Hypotension	
Heart Disease	1920
Chronic Interstitial Nephritis	1932

Other contributory causes of importance:

Varicose Ulcer right Leg	1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify ...

(Signed) Albert J. Stoeckel M. D.

(Address) 2302 E Edmondson Ave

H.R

B 1268-9

HEALTH DEPARTMENT--CITY OF BALTIMORE F 05879

5879

CERTIFICATE OF DEATH

93-001

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 411 S. Wolfe St.; 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Barbara Koffschinscky

(a) Residence: No. 411 S. Wolfe St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

married, widowed, or divorced
HUSBAND of (or) WIFE of William Koffschinscky

TE OF BIRTH (month, day, year) Jan. 15/1850

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	9	5	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

9. NAME John ~~Bittmaire~~ DITTMANN

10. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dora ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT BettyLawson

(Address) 411 S. Wolfe.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Oct 23. 1934

UNDERTAKER Lilly & Zulauf

(Address) 4038 Wolfe St

FILED Oct 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Senility

Name of operation ... Date of ...

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P. P. Henze M.D. M. D.

(Address) 130 N Patterson Park Ave

D. B. F 05880

F 05880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Jennie Brown

(a) Residence: No. 727 Forrest St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Brown

DATE OF BIRTH (month, day, year) Dec 25 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
96	47	9/0	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgia

13. NAME Cecil Page

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Inabelle Carter

16. BIRTHPLACE (city or town) (State or country) Georgia

INFORMANT Lizzie Robinson

(Address) 617 Eutaw St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Oct 25, 1934

UNDERTAKER Robert F. Wilson

(Address) 1515 W. Lafayette Ave

FILED Oct 25 1934 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	

Other contributory causes of importance:

Acute dilatation of heart	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Fenton, M. D. Coroner

(Address) 700 E Chase

c.—1-12-23—M&T—500 Blks.

5881 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05881

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 25 No Hagan ST. 25-001 WARD)

2-FULL NAME Mary Johnson

(a) RESIDENCE NO. 25 N Hagan ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

REGISTERED NO. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Johnson

6 DATE OF BIRTH (month, day, and year) 1887

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	46			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Easton Maryland

10 NAME OF FATHER Charles Tillman

11 BIRTHPLACE OF FATHER (city or town) (State or country) Easton Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Easton Maryland

Informant James E. Johnson

(Address) 2550 Hudson St

Filed Oct 23 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 19 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 16 1934, to Oct 19 1934, that I last saw h[illegible] alive on Oct 18 1934 and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Fibroid heart lesion

(duration) yrs. 1 mos. ds.

CONTRIBUTORY (Secondary) Nephritis (duration) yrs. unknown mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Cowan M. D.

Oct 23 1934 (Address) 2039 McCulloh

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mount Olivet	10-23 1934
20 UNDERTAKER	ADDRESS
Joseph A Lively	1011 Mount

D. B. 1268-9

F 05882

05882 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Treade

(a) Residence: No. 703 S Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Wm

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? 60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wesley Homer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unmd ?

16. BIRTHPLACE (city or town) (State or country) Germ.

INFORMANT Records

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Brooklyn Md Date 10/23/34 19

UNDERTAKER J. S. Fahey & Sons

(Address) 318 Light St.

OCT 23 1934 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1934 to Oct 17, 1934

I last saw h alive on Oct 17, 1934 Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Jan
Cerebral Hemorrhage, Left	14 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I. P. Nagel, M. D.

(Address) Balt City Hosp

F 05883 F 05883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2917 Windsor Ave ST. 15-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis L. Brown

(a) RESIDENCE NO. 2917 Windsor Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~, (write the word)
M.	W.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha M. Brown

6 DATE OF BIRTH (month, day, and year) Apl 2-1851

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	6	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer) Machine Shops

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Boston Mass.

10 NAME OF FATHER John Brown

11 BIRTHPLACE OF FATHER (city or town) (State or country) New Hampshire

12 MAIDEN NAME OF MOTHER Lydia Brooks

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Mass

Informant Mrs Martha M Brown

(Address) 2917 Windsor Ave

Oct 23 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 23-1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 19 34, to Oct 23, 19 34, that I last saw h alive on Oct 23 19 34 and that death occurred, on the date stated above, at 5 00 a. m.

The CAUSE OF DEATH* was as follows:

Cardiac Disease

Mitral Stenosis (duration) 15 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Dr. Isaac Thomas, M. D.

, 19 (Address) 1 West Read Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Oct 25 1934

20 UNDERTAKER Kaltenbach Bros ADDRESS 2240 Charles

D. B. 1268-9

F 05884

F 05884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred 54 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E. Stedman

(a) Residence No. 156 N Say St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of 0

6. DATE OF BIRTH (month, day, year) Nov. 11, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME of Father Joseph E. Stedman

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME of Mother Selena Crook

16. BIRTHPLACE (city or town) (State or country) Ind.

INFORMANT Friends
(Address) Balt. City Hosp

17. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Oct 23, 1934

UNDERTAKER [illegible]
(Address)

FILED Oct 23 1934 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1929 to Oct. 17, 1934

I last saw h[illegible] alive on Oct 17, 1934 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion & myocardial infarct	3 hrs
	3 hrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) I P Magee M. D.

(Address) Balto City Hosp

F 05885

B. B. 1268-9

3885 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals St., 3-01 Ward)

gth of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank Gorda

(a) Residence: No. 204 S. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 9, 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Gregoria

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Costantino

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Records
(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Univ of Md Date Oct 23, 19 34

UNDERTAKER [illegible]
(Address)

FILED 10-23-1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1934 to Oct 20, 1934

I last saw him alive on Oct 20, 1934 Death is said to have occurred on the date stated above, at 7 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	
Myocardial Insufficiency	4 yrs
& congestive failure	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Frazier, M. D.

(Address) Balt City Hosp

D. P. 1268-9

F 05886

HEALTH DEPARTMENT—CITY OF BALTIMORE

886

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Lombard St. H-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Merkle Keeney

(a) Residence: No. Sykesville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Dorothy P. Keeney

6. DATE OF BIRTH (month, day, year) Nov 4, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dorothy P. Keeney.

(Address) 2008 Hanover Ave

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Date Oct 25, 1934

19. UNDERTAKER Chenowith & Lyon

(Address) 3610-12 Clifton Ave.

Huntington Wallace Reg.

31934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-18, 1934 to 10-23, 1934

I last saw him alive on 10-23, 1934 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	10-18-34
Splinter in Right finger (thumb)	10-10-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify working in dairy.

(Signed) Nolan Feloney M. D.

(Address) University Hospital

F 05887

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05887

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 223 Hawthorne St. 27-01 (Ward)

Length of residence in city or town where death occurred 65 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 67 yrs. 11 mos. 15 ds.

2. FULL NAME Agnes Eleanor Yearley

(a) Residence: No. 223 Hawthorne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thos. B. C. Yearley

6. DATE OF BIRTH (month, day, year): Nov-7-1866

7. AGE — Years: 67 | Months: 11 | Days: 15 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Cambridge Mass.

MOTHER FATHER

13. NAME: Could not ascertain

14. BIRTHPLACE (city or town) (State or country): Could not ascertain

15. MAIDEN NAME: Could not Ascertain

16. BIRTHPLACE (city or town) (State or country): Could not Ascertain

17. INFORMANT: Mr. Thos B C Yearley (husband)
(Address) 223 Hawthorne Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place: Mt Auburn Date: Oct 24 1934

19. UNDERTAKER: Edward Mowbray
(Address) 128 Mulberry

20. FILED: Oct 25 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1934 to Oct 22nd 1934

I last saw her alive on Oct 22nd 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia (Duration) 4 days 1933

Phlebitis (septic) (Duration) 3 wks Oct '34

Senile softening

Dr. Coroner Thos Mowbray

Other contributory causes of importance:

Hemiplegia and Phlebitis 1933

Name of operation: no — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify,

(Signed) Edward Mowbray, M. D.

(Address) 128 W. Mulberry St

D. B. 1268-9

F 05888

HEALTH DEPARTMENT—CITY OF BALTIMORE

05888 83

CERTIFICATE OF DEATH

1119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 3-01 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne Marie Tabor

(a) Residence: No. 423 S Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) June 4-34

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 000

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME George Tabor

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elizabeth Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Schwartz Date Oct 24. 1934

19. UNDERTAKER Wendell J Reppel (Address) 300 S Edw

FILED 31534 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13. 1934 to Oct 22. 1934

I last saw h[illegible] alive on Oct 22. 1934 Death is said to have occurred on the date stated above, at 1[illegible]5 A m.

The principal cause of death and related causes of importance were as follows:

Diarrhea and enteritis — Date of onset 10-10-34

Other contributory causes of importance: —

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

F 05889

5889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 W Randall St. 24-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Joyce

(a) Residence: No. 120 W. Randall St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellen B Joyce

6b. DATE OF BIRTH (month, day, year) Feb. 10, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat'l Enamel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Joyce

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine McMullan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sarah A. Joyce

(Address) 120 W. Randall St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Oct 25, 1934

19. UNDERTAKER A. Bryan Evans

(Address) 32 E. Hoffman St

Filed Oct 23 1934 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21, 1934 to Oct. 22, 1934

I last saw h[illegible] M alive on Oct. 22, 1934 Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis and Mitral Regurgitation Indefinite	
Other contributory causes of importance:	
Exhaustion	10/21/34

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

10/22/34 (Signed) R. L. Caverly M. D.

(Address) 1644 Hanover St

D. B 1268-4

F 05890

05890 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Spencer

(a) Residence: No. 114 S. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Probably Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place ... Md College Date Oct 23 ... 19 34

UNDERTAKER
(Address)

FILED 23 1934 ... Registrar.

0807

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Obstruction of bowel at Sigmoid with perforation	???
Other contributory causes of importance:	

Name of operation Release of volvulus Date Oct 11/34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Bullock Coroner, M. D.
(Address) 508 E Monument

D. B. 1268-9

F 05891

05891 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 3-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Fiore

(a) Residence: No. 1153 E. Lombard St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 9, 1934

AGE Years	Months	Days	If LESS than 1 day 23 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Thomas Fiore

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Pauline Piccione

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Oct 25 19 34

19. UNDERTAKER ...
(Address)

Oct 25 1934 ... Registrar.

0808

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-10 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-9 1934 to 10-10 1934

I last saw h.. alive on 10-10 1934 Death is said to have occurred on the date stated above, at 2^20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	10-9-34
Other contributory causes of importance:	
Precipitate Labor	10-9-34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John M. Fiore, Jr. M. D.

(Address) Johns Hopkins Hospital

H. D. B 1268-9

F 05892

05892 HEALTH DEPARTMENT—CITY OF BALTIMORE

160-002

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Sterling

(a) Residence: No. 1515 N. Longtree Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 11, 1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				23

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) .....
(State or country)

13. NAME Samuel N. Sterling Jr.

14. BIRTHPLACE (city or town) Russia
(State or country)

15. MAIDEN NAME Frances C. Marsato

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Oct 23, 1934

19. UNDERTAKER .....
(Address)

20. FILED Oct 23 1934 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-11, 1934 to 10-12, 1934

I last saw him alive on 10-12, 1934. Death is said to have occurred on the date stated above, at 11:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage - Subtorial Tear	10-11-34
Other contributory causes of importance:	
Operative Delivery - Forceps	10-11-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John M. Spence Jr. M. D.

(Address) Johns Hopkins Hospital.

P. B. 1268-9

F 05893

5893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 10-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Aydlette

(a) Residence: No. 1214 E. Madison Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			3	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thos Aydlette

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Louise Langston

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Med College Date Oct 25, 1934

19. UNDERTAKER

(Address) Huntington Williams, Inc

OCT 31 1934

0810

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934 to Oct 20, 1934

I last saw h[illegible] alive on Oct 20, 1934 Death is said to have occurred on the date stated above, at 9 45 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	Birth
Hemorrhagic disease of new born	10-1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Francis T. Schweinhaut M. D.

(Address) Johns Hopkins Hospital

D. B. 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

5894

CERTIFICATE OF DEATH

Registered No. 95-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Found in st of car Box Ogonda Rd (St.) (Ward) 19-61
Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. if of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
about	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 087
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME "
14. BIRTHPLACE (city or town) (State or country) "
15. MAIDEN NAME "
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Morbus Potter
(Address) 34 & Resreck Road

18. BURIAL, CREMATION, OR REMOVAL
Place Dubbs Cemetery Date Oct 23, 1934

19. UNDERTAKER [illegible]
(Address)

FILED 23 1934, 19..., [illegible] Registrar.

morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) about July 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner
(Address) 1912 Orlando

H. D. B. 1268-9

F 05895

5895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N Rose St. 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Santos

(a) Residence: No. 104 N Rose St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Premature

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Premature

DATE OF BIRTH (month, day, year) 10/21/34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Premature birth				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Alfred Santos

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Alma Hessnauer

16. BIRTHPLACE (city or town) (State or country) Balt Md

17. INFORMANT Alma Hessnauer

(Address) 104 N Rose St

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Oct 23 1934

19. UNDERTAKER

(Address)

Filed Dec. 19

Registrar.

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1934 to Oct 21 1934

I last saw her alive on Oct 21 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Premature birth — Date of onset

Other contributory causes of importance:

Premature

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. F. Mooney M. D.

(Address) 26 N Paca St

M. D. B. 1268-9

✓ F 05896

05896 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

× 18

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyden Lane Hospital 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 4 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Joan L. McKnight

(a) Residence: No. Brunswick Maryland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 14th 1924

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brunswick Md.

MOTHER

13. NAME Richard L McKnight

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Toms

16. BIRTHPLACE (city or town) (State or country) Brunswick Md

17. INFORMANT (Address) Pearl Eichman Frederick Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Height Cem. Date Oct 24 1934

19. UNDERTAKER (Address) [illegible] Huntington Williams Md

Oct 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th 1934 to Oct 23rd 1934

I last saw her alive on Oct 23rd 1934. Death is said to have occurred on the date stated above, at 1.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Samuel E. Bogorad M. D.

(Address) Lyden Lane Hospital

F 05897

F 05897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

140

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 26-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanor Ward

(a) Residence: No. 3812 Bank St St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Ward

DATE OF BIRTH (month, day, year) March 6 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	26	7	18	17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME James Langley

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Sophie Morrison

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Geo Dill

(Address) 3310 Pitt St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Paul's Date Oct 24 1934

19. UNDERTAKER Martin W. E. Dippel

(Address) 37 Lexington St

OCT 24 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia	
Abortion, Self Induced	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Herzog M.D. M. D.

Coroner

(Address) 1305 N Patterson Park Ave

Spec.—9-30—A. & Co.—250 Blks.

F 05898 ✓ F 05898

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 237 N. Monroe St. 20-01 WARD)

2. FULL NAME Gustav Bauch

(a) RESIDENCE NO. 237 N. Monroe St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred yrs. 64 mos. 7 ds. 2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	19	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Gustav Bauch

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Elizabeth

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant (Address) Isaac Bauch 1935 W. Baltimore St.

15 Filed 2-4 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 21-1934

17 I HEREBY CERTIFY, That I attended deceased from 10-26, 1934, to 10-28, 1934, that I last saw h[illegible] alive on 10-21, 1934 and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of the trachea + Bronchial tree -

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis (duration) yrs. mos. Years

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical.

(Signed) Sol Sugarman, M. D.

10-23 1934 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lauden Park Cem. DATE OF BURIAL Oct 24 1934

20 UNDERTAKER Geo. J. Schust ADDRESS 916 Fredrick Ave.

D. [illegible] F 05899

F 05899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette & Pulaski Sts. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore Bluckett

(a) Residence: No. 936 Mangold St., Ward. Ellicott Md X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Born 26-1934

7. AGE: Years — Months 9 — Days 23 — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ellicott Md

13. NAME of Father: Samuel C. Bluckett

14. BIRTHPLACE (city or town) (State or country): Ellicott Md

15. MAIDEN NAME of Mother: Margarite Lester

16. BIRTHPLACE (city or town) (State or country): Florida

17. INFORMANT: Mrs. Margarite Bluckett

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Cathedral Date: Oct 24, 1934

19. UNDERTAKER: George L. Johnson

(Address) 723 Pennsylvania Ave

FILED Oct 24 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/22, 1934 at 1 P.M. until 10/22, 1934

I last saw him alive on 10-22-1934 Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Fever	2
Bronchopneumonia	1

Facts verified

Josh L. Valentine

Coroner

Oct 23-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Daniel A. Monahan M. D.

(Address) Bon Secours Hospital

M. D. B. 12

F 05900 ✓ F 05900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Stansbury

(a) Residence: No. Mulberry Hill Rt 7 Box 8 St., Ward. Annapolis Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Black	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-12-32

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2 1/12			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas Stansbury

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Gertrude Coor

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Broadneck Date Oct 24, 1934

19. UNDERTAKER J B Johnson Sons Funeral Directors

(Address)

20. FILED Oct 24 1934 Harold Manning Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1934 to Oct 23, 1934

I last saw him alive on Oct 23, 1934. Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	9-15-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schweitzer M. D.

(Address) Johns Hopkins Hospital

M. D. B. 126

F 05901

F 05901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1434 Hanover St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mathias Kehm

(a) Residence: No. 1434 Hanover St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Kehm

6. DATE OF BIRTH (month, day, year) August 27 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spr Loop Sewer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 034

10. Date deceased last worked at this occupation (month and year) 11 26

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME George Kehm

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Elizabeth Moos

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Mrs Anna C Kehm (Address) 1434 Hanover St

18. BURIAL, CREMATION, OR REMOVAL Place Woodberry Date 12/4 19

19. UNDERTAKER Geo E Ecker (Address) 1118 E Fayette St

20. Date 12-24-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1934, to Dec 21 1934

I last saw h... alive on Dec 20 1934 Death is said to have occurred on the date stated above, at 5:52 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12 d.
Myocarditis	3 m.
Other contributory causes of importance:	
Chronic interstitial nephritis	3 m.

Name of operation none Date of

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) ...

F. D. B. 1265-9

05902

F 05902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 N. Regester St., 8-01 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Jacob Erich

(a) Residence: No. 1504 N. Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Mrs Mary Erich

DATE OF BIRTH (month, day, year) April 9 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mrs. Erich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mrs. Erich

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Erich

(Address) 1504 N. Regester St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date Oct. 25 1934

19. UNDERTAKER Henry Heath Sons, Inc.

(Address) 1301 E. Eager St

20. FILED Huntington Wilkinson Registrar

OCT 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to Oct 22, 1934

I last saw h alive on Oct 22, 1934. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hem-plegia	10 Days
Coma	10 Days
Arter. Sclerosis	8 yrs.

Other contributory causes of importance:

Senile Dementia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. V. Mayer M. D.

(Address) 1521 E. 33rd St.

F 05903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001
Registered No.

1. PLACE OF DEATH Edgewood Sanitorium
CITY OF BALTIMORE: (No. 6000 Ballona Ave St., 4th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Louisa Dashields

(a) Residence: No. 1820 E. 30th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Louis Dashields

DATE OF BIRTH (month, day, year) Nov. 4. 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Phillip H. Grieb.
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME Christina Brandt.
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT Mrs Gertrude Dashields
(Address) 1820 E. 30th St.
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 25. 1934
19. UNDERTAKER John T Dunny
(Address) 715 Light St

OCT 23 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 16 1934 to Oct 22 1934
I last saw her alive on Oct. 22 1934 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis and Chronic Myocarditis	30yrs.
Other contributory causes of importance: Cardiac decompensation	Aug 15 1934

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) C. Wallace Stewart M. D.
(Address) 1738 E. 28th St.

D. B 1268-9

F 05904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05904

CERTIFICATE OF DEATH

75

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 McElderry St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Williams

(a) Residence: No. 1117 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	???

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ????

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Police Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Oct 24, 1934

UNDERTAKER Wendler & Sons
(Address) 300 S. Eutaw St

21193 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 10/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Other contributory causes of importance: Probably Alcoholism	

Name of operation Date of no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Bayer M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1[illegible] F 05905

F 05905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Duker Court St. 2-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Karl Kaliszak

(a) Residence: No. 2008 Duker Court St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of - - - - - - - - -

6. DATE OF BIRTH (month, day, year) June, 30th, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Stanislaus Kaliszak

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Julia Weber

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Julia Kaliszak

(Address) 2008 Duker Court

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date Oct, 25th/34 19

19. UNDERTAKER George A. Weber

(Address) 705 South Ann Street

[illegible] Oct 25 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct, 23rd, 1934

22. I HEREBY CERTIFY, That I attended deceased from about 2 weeks ago to Oct 23, 1934

I last saw h[illegible] alive on Oct 22, 1934 Death is said to have occurred on the date stated above, at 3-P m.

The principal cause of death and related causes of importance were as follows:

about 2 weeks ago

Gastro - Enteritis

Other contributory causes of importance:

Exhaustion

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) C. T. Border M.D.

(Address) 1204 E. Fayette St

D. B. 1268-9

05906 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 05906

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or inatitntion, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 W Preston St., 5th Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Jerome Owens

(a) Residence: No. 628 W Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 13-1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Wm Owens

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Emma Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Emma Owens

(Address) 628 Preston

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date Oct 24 1934

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Preston

FILED OCT 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above at ... P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	4 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) ..... Coroner

F 05907

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05907

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 Presstman St) (Ward) 15-01

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice Smith

(a) Residence: No. 1338 Presstman St., ... Ward. ...
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Smith

7. DATE OF BIRTH (month, day, year) May 20 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boarder [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Welfare Children

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

13. NAME Major Curtis

14. BIRTHPLACE (city or town) (State or country) Calvert Co

15. MAIDEN NAME Caroline Hawkins

16. BIRTHPLACE (city or town) (State or country) Calvert Co

17. INFORMANT Matilda Gordon

(Address) 1338 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Oct 24, 1934

19. UNDERTAKER Thos E. Kalson

(Address) 1303 Presstman st

[illegible] Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1934, to Oct 22, 1934

I last saw her alive on Oct 20 1934 death is said to have occurred on the date stated above, at 10.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Rt side & Brain.	8/25/34

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm H. Wright M. D.

(Address) 1209 Presstman St

H. D. F. 1268-9

05908 HEALTH DEPARTMENT—CITY OF BALTIMORE E 05908

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1030 N. Gilmor 16-01 (Ward)
Length of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Grant Byron

(a) Residence: No. 1030 N. Gilmor, Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 1895

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	39			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 + 0
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md
13. NAME: Robt Brown
14. BIRTHPLACE (city or town) (State or country): Maryland
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Md
17. INFORMANT: Mamie Byron
(Address): 1020 N. Carrollton

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt Auburn cemetery Date: Oct 24 34
19. UNDERTAKER: Thos. E. Kelson
(Address): 1303 Pennsylvania Ave

20. FILED: 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 21st 1934

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	2 months

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. C. Funk, M. D. Coroner
(Address) Coroner

D. B. 1268-9

05909 HEALTH DEPARTMENT—CITY OF BALTIMORE 05909

V M

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 16-21 Ward)

Length of residence in city or town where death occured ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Johnson

(a) Residence: No. 1214 N. Stricker St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Cd	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 2, 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Daniel Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Clara Henson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Clara Henson

(Address) 1214 N. Strieker St

BURIAL, CREMATION, OR REMOVAL

Place Randallstown Md Date Oct 25 1934

UNDERTAKER Thos E. Kelson.

(Address) 130 Preston St

Oct 24 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Injury & autopsy to ... 19...

I last saw h... alive on ... 19... Death is said to have occured on the date stated above, at 11 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	

Other contributory causes of importance:

Automobile accident

Name of operation Decompression Date of 10/20/34

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/20 1934

Where did injury occur? Dolphin & Myrtle Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street accident

Manner of injury auto in which he was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Kenney Coroner M. D.

(Address) 2200 E. Madison St.

M. D. P. 1268-9

✓ F 05910

05910 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ. Hosp. St. 16-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Trusby Roberts
(a) Residence: No. 903 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. Color or Race Colored
5. Single, Married, Widowed, or Divorced (write the word) marrie[d]
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lovetta Roberts
6. DATE OF BIRTH (month, day, year) Feb 15, 1882
7. AGE Years 52 Months 8 Days 6 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centreville md

FATHER
13. NAME Phillip Roberts
14. BIRTHPLACE (city or town) (State or country) md

MOTHER
15. MAIDEN NAME mary handy
16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT mrs Lovetta Roberts
(Address) 903 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date Oct 24 1934

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Presstman St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-34

22. I HEREBY CERTIFY, That I attended deceased from 10-10-34, 19 . to 10-21-34, 19 .
I last saw h[im] alive on 10-21-34, 19 . Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Cardio-vascular Lesions.	unknown
Subacute Bacterial Endocarditis	unknown

Other contributory causes of importance:

Coronary Thrombosis	10-21-34

Name of operation none Date of
What test confirmed diagnosis clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. L. Howard M. D.
(Address) Univ. Hosp.

M. D. B. 1268-9

F 05911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05911

CERTIFICATE OF DEATH

128

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 19-21 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Grace Stevens

(a) Residence: No. 1135 N Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Laurel P. Stevens

6. DATE OF BIRTH (month, day, year): Feb. 5, 1884

7. AGE: Years: 50; Months: 8; Days: 17; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER FATHER

13. NAME: Chas. H. Bruce

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Elizabeth Thompson

16. BIRTHPLACE (city or town) (State or country): ...

17. INFORMANT: Laurel Stevens
(Address) 1135 N Calhoun

18. BURIAL, CREMATION, OR REMOVAL: Place St. Thomas Protestant Date 10/25, 1924

19. UNDERTAKER: Saml. P. Ehrlich Bro.
(Address) 637 N. Gilmor

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 22, 1924

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1924 to 10 22, 1924

I last saw her alive on 10 22, 1924 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cystic Kidney Disease	10 1924
Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) [illegible] M. D.

(Address) Provident Hospital

M. D. B 12 F 05912 ✓ F 05912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Baltimore Md. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Hatten
(a) Residence: No. 5713 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11th 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stereotyper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Sun 163
10. Date deceased last worked at this occupation (month and year) Oct 1934
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER
13. NAME James Hatten
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Margaret Steinbach
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) Balto City Hospls

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 26th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-16-1934 to 10-22-1934
I last saw him alive on 10-22-1934 Death is said to have occurred on the date stated above, at 6.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane	?
Other contributory causes of importance: Pulmonic Infection	?

Name of operation Date of None
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Harry Goldsmith M. D.
(Address) Baltimore City Hospitals

H. D. B. 1268-9

05913 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 05913

CERTIFICATE OF DEATH

✓ 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 929 Poplar Grove St., 16-01 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Phillip Schlarb

(a) Residence: No. 929 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Duvall Schlarb

7. DATE OF BIRTH (month, day, year) Nov 8th 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Maintenance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City 086

10. Date deceased last worked at this occupation (month and year) 7/34

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Henry Schlard

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Emma Prinz

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Mrs Ethel Schlarb 929 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct 25 1934

19. UNDERTAKER Wm J Tschan & Son
(Address) North & Penna Ave

OCT 24 1934 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 22nd. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1934 to Oct. 22, 1934
I last saw him alive on Oct. 21, 1934 Death is said to have occurred on the date stated above, at 12.05? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	ca. 7-7-34
Other contributory causes of importance: Prostatitis and cystitis	ca. Oct. 1932

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry E. Ohle M. D.

(Address) 1203 W. Fayette St.

H. D. B. 1268-9

5914 F 05914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 N. Lakewood St. 6-01 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dany Eleanor Kelbaugh

(a) Residence: No. 221 N. Lakewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leonard S. Kelbaugh

7. DATE OF BIRTH (month, day, year): Mch 28-1877

8. AGE: Years 57 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 37

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Cecil Co Md

13. NAME OF FATHER: Richard W. Hawkins

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Emily Welham

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Leo S. Kelbaugh
(Address) 221 N. Lakewood

18. BURIAL, CREMATION, OR REMOVAL: Friendship Date Oct 24 1934
Place

19. UNDERTAKER: Wm. H. Tucker Bond
(Address) North & Pulaski

20. FILED OCT 24 1934 19 Huntington Wm. H. Tucker, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1934 to Oct 22 1934 that I last saw h.er alive on Oct 21 1934 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	Oct 22
Collapse (acute alcoholism)	

Other contributory causes of importance:

Chr. nephritis	
Chr. asthma	

Name of operation None Date of

What test confirmed diagnosis? Surgical findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) L. C. Tobbal, M. D.

(Address) 447 N. Kenwood Ave

M. D. D. 1268-9

05915 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05915

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 6-01 Registered No. 23

CITY OF BALTIMORE: (No.) Eastern St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Martin

(a) Residence: No. 218 N. Duncan st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Parrish Martin

6. DATE OF BIRTH (month, day, year) July 20, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hampden (State or country) Ohio

FATHER

13. NAME Joshua Johnson

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Hettie Wageman

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 10-25 1934

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

OCT 24 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1934 to October 22, 1934

I last saw her alive on October 22, 1934. Death is said to have occurred on the date stated above, at 12.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Apr. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Dnte of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mayer W. Iverson M. D.

(Address) Baltimore City Hospitals

M. D. No. 1300 F 05916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05916

CERTIFICATE OF DEATH

✓ 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Grinell

(a) Residence: No. 560 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

MOTHER FATHER

13. NAME William [illegible]

14. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

15. MAIDEN NAME Mary Summerville

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT Records Balt. City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loc. Head Date 10/24/34

19. UNDERTAKER J. J. Raby & Son
(Address) 1318 Eutaw St

Filed OCT 24 1934 Henry Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1933 to Oct 21, 1933

I last saw her alive on Oct 21, 1933 Death is said to have occurred on the date stated above, at 11:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, Pulmonary & Cerebral	?
Bronchopneumonia,	Terminal

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. P. Magill M. D.

(Address) Balt. City Hosp.

M. D. B. F 05917

F 05917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 14-C Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Knox McCulloch

(a) Residence: No. 1918 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 70? | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: John Foster

14. BIRTHPLACE (city or town) (State or country): Eng.

MOTHER

15. MAIDEN NAME: Delia ?

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT (Address): Friends Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL: Place Dacatur Date 1924 34

19. UNDERTAKER (Address): J. J. Fahey Son 1308 Eighth St

Registered 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1931 to Oct 20 1934

I last saw him alive on Oct 20 1934 Death is said to have occurred on the date stated above, at 5-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	1 hr ?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Phaquel, M. D.

(Address) Balt City Hosp

M. D. No. F 05918 F 05918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3301 Barclay St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent T. Woodson

(a) Residence: No. 3301 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 26-1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Pupil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter T. Woodson

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Jennie Williams

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Jennie Woodson
(Address) 3301 Barclay

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date Oct. 24, 1934

19. UNDERTAKER Geo. A. Foley & Sons
(Address) 1631 Druid Hill Ave

OCT 24 1934 Filed [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1934, to Oct 22, 1934

I last saw h[illegible] alive on Oct 22, 1934 Death is said to have occurred on the date stated above, at 9.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 19-1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. A. Johnson M. D.

(Address) 2329 Eutaw St.

Spec.—1-12-23—ET—

F 05919

F 05919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1418 McCulloh ST. 14-21 WARD)

2-FULL NAME Bertie Thomas

(a) RESIDENCE NO. 1418 McCulloh ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: William

6 DATE OF BIRTH (month, day, and year): June 1884

7 AGE: Years 50 Months 4 Days — If LESS than 1 day, hrs or min —

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Seaford Delaware

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: William Thomas

(Address): 1418 McCulloh St

15 Filed . 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Oct 23 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 21 1934 to Oct 23 1934

that I last saw h[illegible] alive on Oct 23 1934

and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* was as follows:

Mitral Insufficiency

probably (duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) J. B. Hughes M. D.

Oct 23 1934 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Oct. 26/34

20 UNDERTAKER: Mrs. George E. Holland

ADDRESS: 1631 Druid Hill Ave

M. D. B. [illegible]-9 F 05920

F 05920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., [illegible] Ward)

Length of residence in city or town where death occurred 59 yrs. .mos. .ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Caulk

(a) Residence: No. 1410 Division St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred

6. DATE OF BIRTH (month, day, year) Feb 5, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Thomas Chandler

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellen Bundy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct. 26, 1937

19. UNDERTAKER Mrs. George E. Kellam
(Address) 1631 Druid Hill Ave

20. Filed OCT 24 1934 19.. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to Oct 23, 1937

I last saw her alive on Oct. 23, 1937 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pemphigus	4 mo?
Bronchopneumonia	Term

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Frazell, M. D.

(Address) Balt City Hosp

M. D. B. 12 F 05921 F 05921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1125 Etting St., 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Priella Johnson

(a) Residence: No. 1125 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nicholas

6. DATE OF BIRTH (month, day, year): Oct. 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): West River Md

FATHER

13. NAME: John Colbert

14. BIRTHPLACE (city or town) (State or country): West River Md

MOTHER

15. MAIDEN NAME: Elizabeth Dorsey

16. BIRTHPLACE (city or town) (State or country): West River Md

17. INFORMANT: Nicholas Johnson
(Address) 1125 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 25 1934

19. UNDERTAKER: Mrs. George H. Gollard
(Address) 1611 Druid Hill Ave

20. FILED 10-24-1934, 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/2, 1934, to 10/22, 1934.

I last saw her alive on 10/21, 1934. Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis, Toxic Amblyopia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Ben Curtis, M. D.

(Address) 2137 Druid Hill Ave

M. D. B. 1269-2

F 05922

F 05922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-901

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 S. Washington St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth 65 yrs. mos. ds.

2. FULL NAME Josephine Gilewski

(a) Residence: No. 220 S. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Adalbert Gilewski,

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Stacharowski,
(Address) 220 S. Washington St.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL TO~~
Place St. Stanislaus. Date Oct. 25, 1934

19. UNDERTAKER Michael A. Sadowski
(Address) 1740 Eastern Ave.

20. FILED Oct 24 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10, 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934 to Oct 22, 1934

I last saw her alive on Oct 22, 1934 Death is said to have occurred on the date stated above, at 2:45 m. PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10.12 34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leo. Heller, M. D.

(Address) 1937 Gough St.

M. D. B 1268-0

F 05923

05923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Evans

(a) Residence: No. 648 W. Fairmount Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Evans

6. DATE OF BIRTH (month, day, year) 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh NC

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) NC

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Williams Evans
(Address) 648 W Fremont ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Oct 24, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N Schroeder St.

Filed Oct 24 1934 Huntington-Williams Co
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.02 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) S. P. Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

Spec.—0 30—A. & Co.—250 Bks

F 05924

F 05924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 808 N. Stricker ST. 16-at WARD)

2 FULL NAME John W. Peck

(a) RESIDENCE NO. 808 N. Stricker St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov. 14, 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
21	22	— 11	— 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Painter

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

050

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER William A Peck

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md.

12 MAIDEN NAME OF MOTHER Helen Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

14 Informant Helen Peck

(Address) 838 N. Stricker St.

15 [illegible] Huntington Williams M.D.

24 1334

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-22-34

17

I HEREBY CERTIFY, That I attended deceased from Aug 24, 1934, to Oct. 22, 1934

that I last saw him alive on Oct. 22, 1934

and that death occurred, on the date stated above, at 6.10 P. m.

The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis

(duration) 1 yrs. 3 mos. — ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) C. Mansell Lawrence M. D.

, 19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Oct 25, 1934

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3224 Edmondson Ave.

M. D. H. 1268-9

F 05925

05925 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth 74 yrs. 3 mos. 20 ds.

2. FULL NAME Staman S Howard

(a) Residence: No. 2413 N Calvert St., ... Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): July-2-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Josiah S. Howard

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Fannie Askew

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Miss R. G. Askew (Cousin)

(Address) 1607 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 10/30/34

19. UNDERTAKER: Howard Bros. Co.

(Address) 1054 N Milton Ave.

24 1934

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-22-1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edouard Disease	
F/Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Thos. Mossburg, M. D.

Coroner

(Address) 1602 Eutaw Place

M. D. R. 1248-9

F 05926

05926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Bolton St. 14-01 Ward)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 86 10 7

2. FULL NAME George Brown Mifflin

(a) Residence: No. 1700 Bolton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara L. L. Mifflin

6. DATE OF BIRTH (month, day, year) Dec 16 1847

7. AGE: Years 86 | Months 10 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): retired

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Huntingdon Penna.

FATHER

13. NAME: Saml W. Mifflin

14. BIRTHPLACE (city or town) (State or country): Columbia, Penna.

MOTHER

15. MAIDEN NAME: Elizabeth Martin

16. BIRTHPLACE (city or town) (State or country): Munsey Penna

17. INFORMANT: Miss Eliza B. Mifflin (sister)
(Address) 1700 Bolton St

18. BURIAL, CREMATION OR REMOVAL: Cedar Hill
Place ..... Date Oct 24 ... 1934

19. UNDERTAKER: Edwin H. Morris Co.
(Address) 1700 Eutaw Place

20. FILED Oct 24 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1934 to Oct 23 1934

I last saw him alive on Oct 23 1934 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	
for milk	

Other contributory causes of importance:

Mitral Insufficiency & complications

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bennett Bonner Catlin M. D.

(Address) 1404 Linden Ave

M. D. B. 1268-8

F 05927

05927 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. Green & Lombard St. 4-01 Ward)
Registered No. 1723
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Reese
(a) Residence: No. Altoona, Pa. St., Ward. Hyndman, Pa.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	S.

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) about 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER
13. NAME Dr. Reese
14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Hospital Record U. of M.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hyndman Pa Date Oct 24 1934

19. UNDERTAKER Stewart Mortuary Co.
(Address) 108 Mulberry

DATE 24 1934 Huntingdon Williams, Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1934 to 10-24 1934
I last saw him alive on 10-24 1934 Death is said to have occurred on the date stated above, at 4:12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	3
T.B. Meningitis	10-5-34
	over

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. L. Feonie M. D.
(Address) University Hospital

M. D. F 1268-9

F 05928

05928 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 1183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Dock + Wells Sts S. 3-01 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Unknown Samuel Mathews

(a) Residence: No. Unknown St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Md Date Oct 21 1934

19. UNDERTAKER
(Address)

20. FILED OCT 22 1934, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Accidental Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Oct 17, 1934

Where did injury occur? Dock + Wells Sts
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of Injury Unknown

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Paterson M. D.
Coroner

(Address) 1305 E. Patterson Pk

M. D. F. 1268-9

05929 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05929

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 1307 W. Lemvale 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mattie Montague

(a) Residence: No. 1307 W Lemvale Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col'd

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Montague

6. DATE OF BIRTH (month, day, year): Aug 4 1881

7. AGE: Years 53 | Months 2 | Days 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Amelia Co Va

FATHER

13. NAME: Jerdon Pride

14. BIRTHPLACE (city or town) (State or country): Amelia Co Va

MOTHER

15. MAIDEN NAME: Nancy Jones

16. BIRTHPLACE (city or town) (State or country): Amelia Co Va

17. INFORMANT: Wm Montague

(Address) 307 W Lemvale

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date Oct 21 1934

19. UNDERTAKER: Wm Lippiatt Smith

(Address)

20. FILED Oct 22 1934 Registrar.

24 1934 0816

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cirhosis of Liver.

(Non alcoholic)

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regulus (there an autopsy?) No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Leuck Coroner, M. D.

(Address) Coroner

M. D. P. 1268-9

F 05930

05930 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

V 50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3201 Eastern Ave 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Holmeier

(a) Residence: No. 3201 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb-3-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Holmeier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Peters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna E. Holmeier
(Address) 3201 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Leakwith Date Oct 25 1934

19. UNDERTAKER John C. Miller
(Address) 2536 E. Oliver St

20. FILED T 24 1934 Huntington Ave, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-22-1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Oct 22 1934

I last saw h.e alive on Oct 22 1934 Death is said to have occurred on the date stated above, at 5:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	June 1933
Cachexia	Aug 1934

Other contributory causes of importance:

Name of operation Amputation left Breast Date of 6/28/33

What test confirmed diagnosis? Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H E Kufahmeier M. D.

(Address) 2934 Eastern Ave

M. D. B. 1268-9

F 05931

05931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2719 Tivoly Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura R Hellman

(a) Residence: No. 2719 Tivoly Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (Write the word): Widowed

5a. If married, widowed, or divorced: WIFE of William R Hellman

6. DATE OF BIRTH (month, day, year): Aug 11, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Staunton Va

FATHER

13. NAME: John Day

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Don't know

16. BIRTHPLACE (city or town) (State or country): Don't know

17. INFORMANT: Emma F Bass

(Address) 2719 Tivoly Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Oct 27, 1934

19. UNDERTAKER: A. Howard Evans

(Address) 38 E Fort Ave

20. FILED: Hamilton Funeral Home Registrar

241934 RP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1933, to Oct 23, 1934. That I saw her alive on Oct 23, 1934. Death is said to have occurred on the date stated above, at 7.35P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Cerebral.	
Other contributory causes of importance:	
Exhaustion	Oct 24/34

Name of operation None Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

10/24/34 (Signed) R. C. Campbell M. D.

(Address) 164 E Hamburg St

M. D. B. 1268-9

05932

✓ F 05932

HEALTH DEPARTMENT—CITY OF BALTIMORE

52

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2723 E Biddle St., 6 Ward)

Registered No. 191

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F Trainor

(a) Residence: No. 2723 E Biddle St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Trainor

6. DATE OF BIRTH (month, day, year) Dec. 30 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Trainor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Martha Woods

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Margaret G Trainor
(Address) 2723 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Oct 25 1934

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 403 S Eutaw St

24 1934 By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21 1934

22. I HEREBY CERTIFY, That I attended deceased from February 1934 to Oct 21 1934

I last saw h alive on Oct 21 1934 Death is said to have occurred on the date stated above, at 12 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	1 week
Bronchial Pneumonia	10 days
Cerebral Embolism	3 months

Other contributory causes of importance:

Arterio sclerosis	15 yrs
Diabetis mellitus	8 years
Auricular fibrillation	1 year

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert E. Sikorsky M. D.

(Address) 2739 McElderry St

M. D. F. 1218-9

05933

F 05933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5505 Reisterstown Rd. 27-01 (Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phillip F. Herwig

(a) Residence: No. 5505 Reisterstown Rd. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) Aug 31, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Md

FATHER

13. NAME Jacob Herwig

14. BIRTHPLACE (city or town) (State or country) — Md

MOTHER

15. MAIDEN NAME Mable Towne

16. BIRTHPLACE (city or town) (State or country) — Md

17. INFORMANT Jacob Herwig

(Address) 5505 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Date Oct 25, 1934

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Putnam Ave

20. FILED 10-24-1934 Harold L. Williams, Registrar.

6 10/24

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. Morrison, M. D.
Coroner:

(Address) 5524 Roland Ave

M. D. B. 1268-9

F 05934

HEALTH DEPARTMENT—CITY OF BALTIMORE

05934

CERTIFICATE OF DEATH

92-001

Registered No. 23-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3517 Chestnut Ave. St.) (23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Dennstaedt

(a) Residence: No. 3517 Chestnut Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dennstaedt

6. DATE OF BIRTH (month, day, year) Feb 8, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker .003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Dennstaedt.
(Address) 3517 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL Date Oct 26 1934
Mt. Olivet

19. UNDERTAKER Ehrgott & Son
(Address) 3618-17 Chestnut Ave

20. FILED OCT 24 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jobular Disease	
F/Heart.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

To what extent?

(Signed) [illegible] M. D.
Coroner

(Address) 36 E Eutaw

M. D. B 1268-9

2229 F 05935

05935 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH University Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St. 121-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Stanford {Standiford}

(a) Residence: No. 1168 Nanticoke St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Lottie Standiford

6. DATE OF BIRTH (month, day, year) March 5-1897

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
37	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6th Co

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md

FATHER

13. NAME Wm. N. Standiford

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md

MOTHER

15. MAIDEN NAME Bessie Stell

16. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

17. INFORMANT Mrs. Lottie Standiford

(Address) 695 Eutaw Place, W.D., Co. W.B.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date 10/26/34

19. UNDERTAKER J. Thomas Flynn

(Address) 1426 Light St.

20. FILED Nov 1 1934 Registrar

24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1934 to October 24, 1934

I last saw him alive on October 24, 1934 Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Pneumococcus)	
Subdural Hemorrhage (over right and left frontal regions)	
Other contributory causes of importance:	
Terminal Bronchopneumonia	10/24/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury It is said to have fallen 10/19/34?

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Helen 9. Magruder, M. D.

(Address) University Hospital

M. D. B. 12 F 05936 F 05936

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No.) Bayer + Dukeland St., (Ward)

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Voglman

(a) Residence: No. 4208 Kolb Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Voglman

6. DATE OF BIRTH (month, day, year) Sept. 9th 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year) Oct. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Maryland

FATHER

13. NAME John Voglman

14. BIRTHPLACE (city or town) (State or country) Balto, Maryland

MOTHER

15. MAIDEN NAME Mary Nordhoff

16. BIRTHPLACE (city or town) (State or country) Bremen Germany

17. INFORMANT Elsie Voglman

(Address) 4208 Kolb Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Oct 28th 1934

19. UNDERTAKER Frederick Funeral Home

(Address) 1401 Edmondson

20. FILED 10/25/1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24 1934

22. I HEREBY CERTIFY, That I attended deceased from October 18 1934 to October 24 1934

I last saw him alive on October 24 1934. Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Typhoid Fever	Oct 4, '34
2. Acute Hemorrhagic Shock	Oct. 24, '34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Ashman M. D.

(Address) West Baltimore Gen. Hosp.

M. D. F 05937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05937

CERTIFICATE OF DEATH

X 152

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Bernice Tabachndck

(a) Residence: No. 15 Oakland Ave, Middle River, Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1931

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
3	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Heyman Tabachnick

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Annie Caplan

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Father
(Address) 15 Oakland Ave Middle River Md

18. BURIAL, CREMATION, OR REMOVAL
Place New Herring Run Date Oct 25 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis- due to cellulitis of left leg- type & manner of infection undetermined.	? days

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) ..... Attending

M. D. F. 1348-2

F 05938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05938

CERTIFICATE OF DEATH

94-002

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1738 E North Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yr. ... mos. ... ds.

2. FULL NAME John D Moran

(a) Residence: No. 1738 E. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Moran

6. DATE OF BIRTH (month, day, year) Jan 14 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Martin Moran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Magaret Kelly.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Rose Moran

(Address) 1738 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catharine Date 10/26/34

19. UNDERTAKER Geo M. Fritchey Sons

(Address) 811 N Eutaw Place

[illegible] Registrar.

OCT 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1934 to Oct 23 1934

I last saw him alive on Oct 23 1934 Death is said to have occurred on the date stated above, at 10 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) F. J. Firby M. D.

(Address) 110 E North Ave

M. D. H. 1208-A

F 05939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05939

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 17 Penn St., H-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Alexa Harris

(a) Residence: No. 17 Penn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 27 1910

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	3 29	25 4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Nurse 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date decedent last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Wm H Harris

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Clara Roots

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Clara Harris
(Address) 17 Penn St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem Date 10 25 1934

19. UNDERTAKER Richard C. Veasley
(Address) 918 Druid Hill Ave.

OCT 25 1934 19 Registrar.

OCCUPATION is very important. See instructions on page 3.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1934 to Oct 22 1934

I last saw him alive on Oct 22 1934. Death is said to have occurred on the date stated above, at 7:01 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TB — Date of onset Jan 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Leary M. D.

(Address) 1317 Eutaw Pl

M. D. P. 1268-9

F 05940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05940

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 S Ellwood Ave (Street) (Ward)

Length of residence in city or town where death occurred yrs. 23 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kostanty Marbpi

(a) Residence: No. 917 S. Ellwood ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 29 - 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	11 10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Antoni Marbpi

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mollie Kanzleswski

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Antoni Marbpi

(Address) 917 S Ellwood Av

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 10/26 19 34

19. UNDERTAKER John J Duda

(Address) 2811 Hudson St

20. FILED 19 Huntington Williams

OCT 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24 1934

22. I HEREBY CERTIFY, That I attended deceased from October 22 1934 to October 24 1934

I last saw h[illegible] alive on Oct 24 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/21/34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J Kruszewski M. D.

(Address) 2431 East Ave

OCCUPATION is very important. See instructions on back of certificate.

F 05941

F 05941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 W. Henrietta St., 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jonas Travers

(a) Residence: No. 430 W. Henrietta St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Susan Travers

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 49

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster Shucker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry Travers

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Pleasant A Carr

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Susan Travers
(Address) 430 W. Henrietta St

18. BURIAL, CREMATION, OR REMOVAL
Place Bd. Auburn Date Oct 25 1934

19. UNDERTAKER James Stayes
(Address) 1142 Upshur St

Hattie F. Williams
Registrar.

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1934 to Oct 22, 1934

I last saw he alive on Oct 22 1934 death is said to have occurred on the date stated above, at 5 30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Oct 22 1934

Other contributory causes of importance:

Arteriosclerosis	"

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. H. Forbes M. D.

(Address) 712 S. Broadway

M. D. B. 126 F 05942 ✓ F 05942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 501 S. Gundy St., 7½-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Wunderlich

(a) Residence: No. 501 S. Gundy St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Henry Wunderlich

6. DATE OF BIRTH (month, day, year) Aug 23/1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME - - - Ashert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Elizabeth Wunderlich
(Address) 501 S. Gundy

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Lem. Date Oct 26 1934

19. UNDERTAKER Philip Herzog Son
(Address) 2016 Eastern Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1934, to Oct. 23, 1934

I last saw her alive on Oct 22, 1934. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1918
Cerebral Hemorrhage	Sept. 23

Other contributory causes of importance:

Cerebral Hemorrh

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Household Caretaker.

(Signed) Frank A. Glantz, M. D.

(Address) 3244 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

125

SPECHT ✓ F 05943

F 05943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4544 Keswick Road 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma E. Specht

(a) Residence: No. 4544 Keswick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Aaron K. Specht

6. DATE OF BIRTH (month, day, year): April 15-1862

7. AGE: Years 72 Months 6 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): York Co. Penna.

FATHER

13. NAME: Rev. Reuben Rahauser

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Malinda Zurich

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT (Address): Aaron K. Specht 4544 Keswick Road

18. BURIAL, CREMATION OR REMOVAL: Place Woodlawn Date Oct. 26 1934

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 23- 1934.

22. I HEREBY CERTIFY, That I attended deceased from April 4 1934 to Oct. 23 1934

I last saw her alive on Oct. 23 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Carcinoma of Stomach	?
(2) Fibro-sarcoma of ovary (Krukenberg Tumor)	?

Other contributory causes of importance:

Toxaemia of Pregnancy

Name of operation: Date of

What test confirmed diagnosis? V Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) N. H. Slaughenhoupt M. D.

(Address) 714 Park Ave

F 05943 - 2 1934

M. D. B. 1268-0 F 05944 ✓ F 05944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Venable Ave St., 9-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James B. Bentz

(a) Residence: No. Upperco Md, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maggie C. Bentz

6. DATE OF BIRTH (month, day, year) April 6th, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Bentz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Merryman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. W. Bentz
(Address) Upperco Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Grace Ch. Balto Co. Date 10/27, 1934

19. UNDERTAKER Edward C. Tipton
(Address) Hampsted Md.

20. FILED OCT 29 1934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at about 3 P.M. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(History of treatment for heart "trouble")	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
Coroner

(Address) 5086 Main St

OCCUPATION IS VERY important.

M. D. H. 1268-9

Mollie L Miller

05945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05945

CERTIFICATE OF DEATH

Registered No. 49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Eutaw Pl St. 16-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mollie F. Miller

(a) Residence: No. 1216 Longwood St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward J. Miller

6. DATE OF BIRTH (month, day, year) October 23 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	—	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Fred W Keany

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Elizabeth M Kestler

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Edward J Miller

(Address) 1216 Longwood St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date OCT 27 1934 19

19. UNDERTAKER Robert S Sittig

(Address) 2700 Edmondson Ave

FILED OCT 25 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-24-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28 1934 to Oct 24 1934

I last saw h. alive on Oct 24 1934 Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myoma - Fibroma
left ovary with
pedicle double torsion
of abdominal

Other contributory causes of importance:

as above

Name of operation Explor Laparotomy Date of 9-8-34

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Hurleman Hurst Jr. M. D.

(Address) 1418 Eutaw Place

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05946

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05946

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 Poplar Grove St. 16-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Helsby,

(a) Residence: No. 1034 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed,~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ------

6. DATE OF BIRTH (month, day, year) August 29, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs Joanna B. Richards
(Address) 1034 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date OCT 26 1934 19

19. UNDERTAKER Leo N Little
(Address) W 2700 Edmondson Ave.

20. Filed OCT 25 1934 Registrar. Wilmer Williams

OCT 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 19 34 to Oct 24 19 34

I last saw her alive on Oct 23 19 34 Death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chronic Interstitial Nephritis	1920
Carcinoma Sigmoid.	3 mo.
Other contributory causes of importance:	
Myocarditis	1929

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Hahnemann Riesman M. D.
(Address) 6 East Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05947 HEALTH DEPARTMENT—CITY OF BALTIMORE F 05947

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walney Beckett

(a) Residence: No. 152 Dolphin St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 30 — Months — Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year): Unemployed

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sarah Ruben (Address) 152 Dolphin

18. BURIAL, CREMATION, OR REMOVAL: Place Ruben Date 10-25-34

19. UNDERTAKER: James Edmondson (Address) 916 Pennsylvania

20. FILED ... 19... Registrar.

OCT 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-21-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-16-1934 to 10-21-1934

I last saw him alive on 10-21-1934 Death is said to have occurred on the date stated above, at 5 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (Bilateral)	6 days

Other contributory causes of importance:

Name of operatinn ... Date of ...

What test confirmed diagnosis Pneumococci Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) ... M. D.

Address ... Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 126

F 05948

F 05948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 19-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Weddington

(a) Residence: No. 1504 Vine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of Pearl

6. DATE OF BIRTH (month, day, year) March 17, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 840

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER FATHER

13. NAME Isaac Weddington

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Sallie Mitchell

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Oct 22. 1934

19. UNDERTAKER [illegible]
(Address)

20. FILED Oct 23 1934 . 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 19 . 1934 to Oct. 20 . 1934.
I last saw h[illegible] alive on Oct. 20 . 1934 Death is said to have occurred on the date stated above, at 545 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Feb 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Meyer M. Jacobson . M. D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 1268 F 05949

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05949

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 37-6 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Buck

(a) Residence: No. Friendly Inn St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 15, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place University of MD Date Oct 25, 1937

19. UNDERTAKER [illegible]

(Address)

CT 25 1937 Attorney for Philadelphia

0811

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1937 to Oct. 20, 1937

I last saw him alive on Oct 20, 1937 Death is said to have occurred on the date stated above, at 1:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, Rt.	2 wks ?
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. D. Magaw, M. D.

(Address) Balt City Hosp

3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

059:50

F 05950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 96

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1245 Cleveland St. St. 21-21 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence J. Dorsey

(a) Residence: No. 1245 Cleveland St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle Willhide

6. DATE OF BIRTH (month, day, year) Jan. 10-1889.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " Windows

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Lawrence Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Frances Hessler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Frances Dorsey

(Address) 1245 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 10/26/34 19

19. UNDERTAKER John Kenny Sons Inc.

(Address) 221 S. Athene St.

20. Filed T 25 1934 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 23, 19 34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aoratic Annurism	Sudden
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation..... Date of.....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.....

(Signed) Joseph L. Valentine Coroner, M. D.

(Address) 16 South Broadway

M. D. F 1268-H

F 05951

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05951

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 S. Sharp St. St. 22-81 Ward)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rudolph Moore.(C)

(a) Residence: No. 834 S. Sharp St. St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ——————

6. DATE OF BIRTH (month, day, year) October 7, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Amos Moore.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. ~~MAIDEN~~ NAME Bertina Gross.(C)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Elisabeth Gross.(C) grandmother
(Address) 834 S. Sharp St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 10/26/ 19 34

19. UNDERTAKER Isaac L. Brown-Son
(Address) 108 W. Monument St.

GIVEN ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

10/24/34 (Address) 1017 E. Charles St.

CT2 1054

M. D. B 1268-9 **F 05952** **F 05952**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 E Lanvale St., 8-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie L. Baker

(a) Residence: No. 2721 E Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John T. Baker Sr

6. DATE OF BIRTH (month, day, year) Oct 2. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	—	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME E Appleby

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary E Soper

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Chas Johnson

(Address) 1641 N Milton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Oct 27. 1934

19. UNDERTAKER John Merrick

(Address) 2008 Eutaw St

20. FILED Oct 25 1934 [signature] Registrar.

OCT 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15. 1934 to Oct 24. 1934

I last saw h[illegible] alive on Oct 24. 1934 Death is said to have occurred on the date stated above, at 8 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 23 34
Other contributory causes of importance:	
Arteriosclerosis	5 yrs

Name of operation none Date of X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X ..... 19.....

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify. X

(Signed) V. Ben Williams . M. D.

(Address) 3200 Sequoia Ave

OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. F. F-05953

F 05953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Louella Ireland

(a) Residence: No. 7302 Belair Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~ Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August L. Ireland

6. DATE OF BIRTH (month, day, year) Sept 28/72

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
62		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles T. Wallace

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry Ireland

(Address) 1326 N 41 St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Oct 27, 1934

19. UNDERTAKER John Wellmich

(Address) 2001 Eastern Ave

20. FILED Oct 29 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.0.A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Heron M.D. M. D. Coroner

(Address) 1302 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1368-9

F 05954

05954 295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or Institution, give its NAME Instead of street and number.)

CITY OF BALTIMORE: (No.) St. 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Travers

(a) Residence: No. 1229 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Martha

6. DATE OF BIRTH (month, day, year) 4/1/98

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Travers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Rogers

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL Oct 25 1934
Place Marburg Chas Co Md Date

19. UNDERTAKER Samuel M. Chase Wm
Address 638 N. Gilmor

20. FILED Oct 26 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-23-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1934 to Oct-23, 1934

I last saw him alive on Oct-23, 1934 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Pneumococcus Type I	Oct. 1934
Empyema	
Subdiaphragmatic abscess	
Gastric Ulcer	May 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Carmichael (by Lehman) M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05055

05955

CERTIFICATE OF DEATH

✓ 34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Length of residence in city or town where death occurred [illegible] mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Ray

(a) Residence: No. 108 N. Pleasant St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Ray

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Nancy Green

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Friends
(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 10/25/34

19. UNDERTAKER Chas G. Cropley
(Address) 514 N. Calhoun St

20. FILED [illegible] Registrar

10/25/1934 Huntington Wil... 10/25/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15, 1934 to October 22, 1934

I last saw h[illegible] alive on Oct 22, 1934. Death is said to have occurred on the date stated above, at 11.45 A.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency, (Cirrhosis, unknown) ?
Congestive failure 4 wks.

Other contributory causes of importance:

Date of onset

Name of operation ..... Date of None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Phagel, M. D.

(Address) Balt. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 05956

M. D. B. 1268-9

05956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 South Duncan St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Anna Weber

(a) Residence: No. 312 South Duncan St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of Late Anthony Weber

6. DATE OF BIRTH (month, day, year) March 6th/1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	I8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME William Brzezinski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Mary Bohager (Daughter)

(Address) 2226 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date Oct, 27th/34

19. UNDERTAKER George A. Weber

(Address) 705 S. Gaye. Street

Filed 19 Registrar.

25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct, 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from February, 7 1934 to October, 24 1934

I last saw her alive on October, 24 1934 Death is said to have occurred on the date stated above, at 9.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic Cardio-vascular disease with congestive Heart failure.	Feb. 7th
Other contributory causes of importance: Diabetes Mellitus	Unk.

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. C. Poitevint M. D.

(Address) 316 So. Calhoun St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 05957

05957 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3436 Belair Rd. St. 27-C Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Sullivan

(a) Residence: No. 3436 Belair Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W,	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Sullivan

6. DATE OF BIRTH (month, day, year) Feb. 22, 1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Appraiser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME George Sullivan

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ruth Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Dorthy Sullivan
(Address) 101 Park ave. N.Y. City

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill mau. Date 10/26, 1934

19. UNDERTAKER Frederick A. Cole
(Address) 2002 Lombard St

Huntington Williams, Registrar.

251934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-23-34

22. I HEREBY CERTIFY, That I attended deceased from 7-26-34 to 10/23/34

I last saw h alive on 10/23/34 Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	10/18/34
Cerebral Hemorrhage	7/26/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) David Nutter, M. D.

(Address) 1500 N Eutaw

Spec.—9-30—A. & Co.—250 Bks.

F 05958

05958 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

97

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Tin Decorating Co. ST. 1 Cl WARD)

2-FULL NAME Henry Wilke

(a) RESIDENCE NO. 3026 E. Hudson. St. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 50 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wilke

6 DATE OF BIRTH (month, day, and year) App. ?/1867

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	67	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Floor Man

(b) General nature of industry, business, or establishment in which employed (or employer) Tin Decorating Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Wilke

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Elizabeth Wilke

(Address) 3026 E. Hudson. St.

15

T 251934 19 Huntington Williamsburg Nyhan

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 22/34

17

I HEREBY CERTIFY, That I attended deceased from July, 1934, to Oct 22, 1934

that I last saw h... alive on Oct 22, 1934

and that death occurred, on the date stated above, at 1.05 P. m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) F. E. Smith M. D.

10/24 1934 (Address) 910 Light St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Trinity Cem. DATE OF BURIAL Oct. 26/34

20 UNDERTAKER Tilly & Sisler Inc. ADDRESS 1403 W. Pratt St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of ... TION is very important. See instructions on back of certificates.

M. D. P. 1268-9

F 05959

F 05959

291544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

1. PLACE OF DEATH Johns Hopkins Hospital
CITY OF BALTIMORE: (No. ..... St., 4-61 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jean Marie Jackson

(a) Residence: No. 679 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/20/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 600

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Horace Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rosie Lynch

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~
Place MT Auburn Date 10/26/34

19. UNDERTAKER Lowell E. Eskew
(Address) 716 Eager St. Baltimore
Huntington Williams, N.D.

Registrar.

T25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1934 to Oct 24 1934

I last saw her alive on Oct 24 1934 Death is said to have occurred on the date stated above, at 12 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis	10-15-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

05960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

05960

Gran K 18

+210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 25-01 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J. Murphy

(a) Residence: No. Probably (Washington D.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — unknown

6. DATE OF BIRTH (month, day, year) — unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — ~ 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — unknown

FATHER

13. NAME — unknown

14. BIRTHPLACE (city or town) (State or country) — unknown

MOTHER

15. MAIDEN NAME — unknown

16. BIRTHPLACE (city or town) (State or country) — unknown

17. INFORMANT — unknown
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Oct 12 1934

19. UNDERTAKER

(Address)

Oct 12 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw ..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

automobile Accident

Name of operation Decompression Date of 10/7/34

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/6 1934

Where did injury occur? Road behind Lawn Long Track
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Probably struck by auto

Nature of injury while walking along road

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2205 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 05961 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 05961

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4854 Reisterstown Road St. 28-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ...mos.....ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Almira D. Brown

(a) Residence: No. 4854 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of George W. Brown

6. DATE OF BIRTH (month, day, year) October 16, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	77	-	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Norfolk

14. BIRTHPLACE (city or town) (State or country) Calvert County Maryland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Oliver C. Burton
(Address) 3023 Oakley Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Oct. 26 1934

19. UNDERTAKER Joseph J. Cook
(Address) 1003 N. Baltimore St.

20. FILED Oct 25 1934 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 34, 1934 to Oct 23, 1934

I last saw her alive on Oct 23, 1934 Death is said to have occurred on the date stated above, at 12.30P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Convulsion	Oct 23
Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Charles L. Beck, M. D.

(Address) 5276 Park Heights Ave.

State CAUSE OF DEATH in plain terms. DO NOT USE ABBREVIATIONS or terms unknown to the general public. OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 05962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05962

CERTIFICATE OF DEATH

23 V

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 York Court St. 12-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frederick Nelson Neily

(a) RESIDENCE NO. 32 York Court St. 6 WARD

(Usual place of abode)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Anna Marie Neily

6 DATE OF BIRTH (month, day, and year) Jan 20, 1881

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Oil

(b) General nature of industry, business, or establishment in which employed (or employer) Marine Hardware

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Andrew Neily

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Maddie Hand

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Anna Marie Neily

(Address) 32 York Court

Filed OCT 25 1934 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 24/34

17

I HEREBY CERTIFY, That I attended deceased from Jan, 1932 to Oct 24, 1934.

that I last saw h~~im~~ alive on Oct 24, 1934

and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

Probably 4 or 5 yrs.

(duration)

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phy. & X Ray

(Signed) J. Mitchell Smith M. D.

10/24 1934 (Address) 1319 Light St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dulaney Mount Cemt

DATE OF BURIAL Oct 26 1934

20 UNDERTAKER Leitham & Poe

ADDRESS 2248 N Charles St

IMPORTANT. See instructions on back of certificates.

M. D. B. 1268-9

F 05963

HEALTH DEPARTMENT—CITY OF BALTIMORE

05963

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2317 Eutaw Place St. 13-at Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adeline Sulzbacher Emerich

(a) Residence: No. 2317 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Emerich

6. DATE OF BIRTH (month, day, year) Mch. 31, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	74	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME David Sulzbacher

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Amelia Marschutz

16. BIRTHPLACE (city or town) (State or country) Bavaria

17. INFORMANT Mr. Ira Emerich
(Address) 2317 Eutaw Place

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date Oct. 26 19 34

19. UNDERTAKER Sherid Sondheim & Son
(Address) 1902 Eutaw Place

~~FILED~~ Huntington Williams, M. D.
OCT 25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 14, 1934 to Oct. 24, 1934

I last saw h alive on Oct 24, 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 week
Chronic nephritis	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical & lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Isidor L. Levy M. D.

(Address) 2324 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 05964

M. D. F. 05964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

251

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 4-C Ward)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Cheston Hall

(a) Residence: No. Enoch, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Tyler Hall

6. DATE OF BIRTH (month, day, year) April 8 - 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

FATHER

13. NAME Augustus Hall

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

MOTHER

15. MAIDEN NAME Mary Cheston

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md

17. INFORMANT Mary Cheston Hall

(Address) West Point Md

18. BURIAL, CREMATION, OR REMOVAL

Place West Point Md Date Oct 27 1934

19. UNDERTAKER L. F. Hopkins

(Address) West Point Md

20. FILED [illegible] Thurmont Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 - 25 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-14- . 1934 to 10-25-34. 1934

I last saw him alive on 10-25-34. 1934. Death is said to have occurred on the date stated above, at 4:47 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	10-21-34
Condio-Vascular collapse	10-25-34

Other contributory causes of importance:

Papillary adeno carcinoma of Bladder	?
	Ovid

B Tumor

Name of operation Electro surg. removal Date of 10-?

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Stackhouse Jr. M. D.

(Address) University Hosp.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

61-93-130

M. D. B. 1268-9

F 05965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05965

CERTIFICATE OF DEATH

25

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1425 Riggs Av St. 16-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louisa Frances Young

(a) Residence: No. 1425 Riggs Av Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 13. 1879

7. AGE: Years 55 | Months 1 | Days 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John Taggart

14. BIRTHPLACE (city or town) (State or country) Balto Co md

MOTHER

15. MAIDEN NAME Henrietta Frey

16. BIRTHPLACE (city or town) (State or country) Balto Co md

17. INFORMANT Rebecca Lee

(Address) 1425 Riggs Av

18. BURIAL, CREMATION, OR REMOVAL

Place Piney Grove md Date Oct 26 34

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED Oct 26 1934 Hamilton Williams M.D. Registrar.

C 123 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstinal Tuberculosis	
Exhaustion	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leuk M. D. Coroner

(Address) Catonsville

OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31 250B

F 05966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Hawkins Point Rd St., 5-01 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma G. Cook

(a) Residence: No. 3304 Hawkins Point Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Wm Sampson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Irene Hall

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Irwin Cook
(Address) 3304 Hawkins Pt Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Dk Calvary Date Oct 29, 1934

19. UNDERTAKER James A Stayer
(Address) 1242 Hanover St

20. FILED Huntington Williams, M.D.
Registrar.

OCT 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Oct 24, 1934

I last saw her alive on Oct 23 1934 death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Oct 21
Other contributory causes of importance:	
Myocarditis	Aug 1 1934

Name of operation none Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Geo. S. Allen M. D.

(Address) 507 Augusta St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 05967

F 05967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 W Cross St 21-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna F Hall

(a) Residence: No. 518 W Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Hall

6. DATE OF BIRTH (month, day, year) 1879

7. AGE: Years 55 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Charles Feamby

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Mary S. Grant

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Edward Hall
(Address) 518 W. Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Oct 28 1934

19. UNDERTAKER James A Hall
(Address) 1142 Ostend St

20. FILED ... 19... Registrar

OCT 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1934 to Oct 24 1934

I last saw him alive on Oct 24 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Sept 1934

Other contributory causes of importance:

Appendicitis — 1933

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 168-1 F 05968 ✓ F 05968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 Rose Hill Terrace St., 9-01 Ward)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John I. Buck

(a) Residence: No. 523 Rose Hill Terrace St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Shipley

6. DATE OF BIRTH (month, day, year) Nov. 2, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City Fire Department

10. Date deceased last worked at this occupation (month and year) | 11. How long (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Buck

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Irving

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nathan Buck
(Address) 63 Reppola Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date Oct 27 1934

19. UNDERTAKER Harry W. Eakins
(Address) 1900 Gilmor Baltimore

Burial Permit Filed Oct 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct, 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 20, 1934, to October 24, 1934.

I last saw him alive on October 24, 1934. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance:	
Cerebral Hemorrhage	10/21/34

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John I. Buck, M. D.

(Address) 522 Greenmount Ave

OCT 26 1934

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 05969

M. D. P. 1200

F 05969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hos. St. 26-01 Ward)

Length of residence in city or town where death occurred yrs. 16 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geraldine Halczek (Halecek) X

(a) Residence: No. 1106 S. Holland St., Ward.
(Usual place of abode) Highland ave (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 6, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1½	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ddo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Geo. Halczek

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Eliz. Jasinska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Hosp. Records

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Cem Date Oct 27. 34

19. UNDERTAKER Wm. J. Zialtowski
(Address) 2007 Eastern ave

OCT 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/20 1934 to 10/25 1934
I last saw h[illegible] alive on 10/25 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Raymond F. Stelfox M. D.
(Address) Mercy Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 120 F 05970 ✓ F 05970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 Forest St. 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Jones

(a) Residence: No. 424 Forest St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Widower Rebecca Edwards

6. DATE OF BIRTH (month, day, year): June 28 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 080

10. Date deceased last worked at this occupation (month and year): June 1934

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Ky. Lincoln

FATHER

13. NAME: John W. Jones

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Louisa Rusk

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT (Address): Mrs. John Jones 424 Forest St.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Oct 29, 1934

19. UNDERTAKER (Address): J. L. Burkhart 1511 Carey Pkwy

20. FILED ... Washington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/25, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934, to Oct. 25, 1934

I last saw him alive on Oct 24, 1934 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sudden + Dr. Pendegrass

Date of onset: 3 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Wilcox M. D.

(Address) 1317 Hillsmith

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MD. B 05971 ✓ F 05971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 314 N. Parish St. 19-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Taylor

(a) Residence: No. 314 N. Parish St., 19th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5) Single, Married, Widowed, or Divorced (Write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Taylor

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ellen Howard

(Address) 314 N. Parish St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Oct 26th, 1934

19. UNDERTAKER A. Jones

(Address) 111 S. Gilmor St

CT 26 1934 Huntington, Williams Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Oct 23 — 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 — 1934 to Oct 23 — 1934

I last saw him alive on Oct 22, 1934. Death is said to have occurred on the date stated above, at 5:36 P.M.

The principal cause of death and related causes of importance were as follows: Arteria heart lesion

Date of onset

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. J. Coleman M. D.

(Address) 2039 McCulloh

information should be carefully supplied. Any blanks that may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268

F 05972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05972

CERTIFICATE OF DEATH

119

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) John Hopkins Hosp. St., 1-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen Hanks

(a) Residence: No. 2401 E. Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 26/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ira. Hanks

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Hilda Wittstadt.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Ira Hanks
(Address) 2401 E. Fait. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Oct. 26/34

19. UNDERTAKER Tilly & Zilenziger
(Address) 603 N. Monroe

20. [illegible] Huntington Williams MD
Registrar.

CT 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 24/34 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 1.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarhhea (cause undetermined)	3 Da

Other contributory causes of importance:

Acidosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

05973 29137 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

05973

CERTIFICATE OF DEATH

+46

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Pinkney

(a) Residence: No. 327 Hillen Rd Towson Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) 6/6/85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Wilson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Harriet Guy

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Cem. Towson Md Date 10-28 1934

19. UNDERTAKER Bryon Mamie H. Knight

(Address) 1261 McElderry St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-24 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 1934 to Oct-24 1934.

I last saw him alive on Oct-24 1934 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach & metastasis	Sept 25 1934

Other contributory causes of importance:

Cachexia, anaemia haemorrhage

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. B. Shaw M. D.

(Address) Johns Hopkins Hospital

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

05974

HEALTH DEPARTMENT—CITY OF BALTIMORE

05974

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-51 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Major Mc Guire

(a) Residence: No. 1418 Harlem Ave St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida (Dead)

6. DATE OF BIRTH (month, day, year) June ? ?

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mariah ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct 28, 1934

19. UNDERTAKER Mrs. Katie R. Williams (Address) 3227 E. Monument St.

20. FILED Oct 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1934 to Oct 24, 1934

I last saw him alive on Oct 24, 1934 Death is said to have occurred on the date stated above, at 12 40 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, Tuberculous (?)	2 hrs ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) I. Phagel, M. D.

(Address) East City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1368-9

F 05975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05975

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie Blake

(a) Residence: No. 1034 Argyle Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Blake

6. DATE OF BIRTH (month, day, year) Aug 30, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4-4	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Horace Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Davidson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Gertrude Williams

(Address) 312 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Oct. 29, 1937

19. UNDERTAKER Mrs. Kate R. Williams

(Address) 322 S Schroeder St

20. FILED Oct 30 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25-37. 19

22. I HEREBY CERTIFY, That I attended deceased from 10-20-37. 19 ... to 10-25-37. 19 ... I last saw her alive on 10-25-37. 19 ... Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-20-37
Other contributory causes of importance:	
Hypertension	unk
Bronchial Pneumonia	10-23-37

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. L. Yonad. M. D.

(Address) Univ. Hospital.

Information should be carefully supplied. Age should be stated in years. If under 1 year, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-9 F 05976 ✓ F 05976

284694 Viral

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. 24-61 St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Hicks

(a) Residence: No. 1532 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hicks

6. DATE OF BIRTH (month, day, year) July 9, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Hermon Hicks

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Hicks

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Orange, Virginia Date Oct. 26, 1934

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. Northwood.

OCT 25 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) OCT 25 1934

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1934 to Oct 25, 1934

I last saw him alive on Oct 25, 1934, Death is said to have occurred on the date stated above, at 12 03 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebro-vascular lesion, paralysis of left side, [illegible] hemiplegia	Mar. 1933
Myocardial failure	Apr. 1934

Other contributory causes of importance:

Secondary anemia	Apr. 1934

Name of operation Supra-pubic cystotomy Date of 10/23/34

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morgan Cates M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. Age should be stated in years and fractions thereof. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-9 F 05977 ✓ F 05977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Penitentiary Hosp. St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles H. Hill

(a) Residence: No. 28 W. Saint St. Frederick, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora Hill

6. DATE OF BIRTH (month, day, year) May 23rd, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Automobile

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME William J. Hill

14. BIRTHPLACE (city or town) (State or country) Frederick, Maryland

MOTHER

15. MAIDEN NAME Della Ricketts

16. BIRTHPLACE (city or town) (State or country) Montaindale Maryland

17. INFORMANT Friend

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Frederick Md. Date 10/26/34

19. UNDERTAKER Frances A. Hundley

(Address) 26 W. Patrick St.

20. FILED 10-28-34 Wilmer H. Willard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26/34, 19

22. I HEREBY CERTIFY, That I attended deceased from March 16th, 1931 to Oct 26th, 1934

I last saw him alive on Oct. 26th, 1934. Death is said to have occurred on the date stated above, at 9.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (Pulmonary)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John J. Aubrey, M. D.

(Address) 954 Forrest St

Vernon 2135

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 28 1934

M. [illegible] 1

F 05978

F 05978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 345-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sofia Rheinhardt

(a) Residence: No. 1618 Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aleck (dead)

6. DATE OF BIRTH (month, day, year) Aug 15 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Carol Dicks

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rau

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Oct 29 1934

19. UNDERTAKER Fred W Brazenorks (Address) 1900 Eastern Ave

20. FILED ..... 19..... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1934 to Oct 25 1934

I last saw h... alive on Oct 25 1934 Death is said to have occurred on the date stated above, at 12.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, essential	?
Cerebral hemorrhage	10/4
Chronic nephritis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Nagel M. D.

(Address) Balt City Hosp

Information should be carefully supplied. Age cannot be stated DEFINITELY. Answers should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 268-A

F 05979

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05979

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Jackson

(a) Residence: No. 9 N. Carlton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Riverside Date Oct 26 19 34

19. UNDERTAKER [illegible]

(Address)

20. FILED OCT 26 1934 19 ... Registrar.

275

0816

Morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance: Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) F Peterson M.D. M. D.

Coroner

(Address) 1305 N Fulton Ave

M. D. B. 1268-9

F 05980

F 05980 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August Breidenstein

(a) Residence: No. Towson St., ... Ward. Maryland.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced) HUSBAND of (or) WIFE of Ida P. Breidenstein

6. DATE OF BIRTH (month, day, year) Feb. 5. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher and Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME August P. Breidenstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rebeca Brenwager

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Ida E. Breidenstein

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Memorial Date Oct 29. 1934

19. UNDERTAKER John Burns & Sons.

(Address) Towson Md.

20. FILED Huntington Wise. Registrar

OCT 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24. 1934. to Oct. 26. 1934.

I last saw h[illegible] alive on Oct. 26. 1934. Death is said to have occurred on the date stated above, at 6:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct. 20.
Toxic Myocarditis	"

Other contributory causes of importance:

Hypertensive Cardio-Vascular Disease	"

Name of operation — Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Goodhand M. D.

(Address) University Hospital

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

(Armstead)

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05981

05981 29 1891

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Armistead Mutt -

(a) Residence: No. 1226 McElderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL Co. Va

Place Herman Cem. Lancaster Date Oct 28 1934

19. UNDERTAKER Bernard O'Hensley

(Address) S. E. Dent Nat'l Bk. Bldg.

Huntington, W. Va.

Local Registrar.

CT 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-19, 1934 to Oct-24, 1934

I last saw him alive on Oct-24, 1934 Death is said to have occurred on the date stated above, at 10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/8/34
Myocardial Insufficiency	10/1/34
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) R. Armistead Pilcher M. D.

(Address) Johns Hopkins Hospital

I. B. Write plainly. Fill all blanks. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Coroner Morrissey Roland Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05982

05982

178-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Woodland Ave St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rose E. Love

(a) Residence: No. 2917 Woodland Ave St., Ward. X (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND~~ of (or) WIFE of: Marcellus W. Love

6. DATE OF BIRTH (month, day, year): about 1848

7. AGE: Years: About 86; Months: ; Days: ; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Syracuse N.Y.

FATHER

13. NAME: Levi Eustace

14. BIRTHPLACE (city or town) (State or country): Syracuse N.Y.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Marcellus R. Love

(Address): 2917 Woodland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Oct 26th 1934

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

FILED OCT 26 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Gas Poisons (Accidental)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury: Accidentally turned

Nature of injury: gas jet on heater

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Morrissey M. D. Coroner

(Address) 3692 Roland Ave

Information should be carefully supplied. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 05983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3413 Copley Road St., 15-61 (Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME GEORGE J. STORCK

(a) Residence: No. 3414 Copley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of [illegible] Jennie Barth Storck

6. DATE OF BIRTH (month, day, year) Apr. 6, 1845

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Adolph J. Storck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Cornelia Boensch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. George J. Thornton 3414 Copley Road, Ashburton

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Oct. 29 1934

19. UNDERTAKER Chas. F. Fraunfelter
(Address) 118 W. Mt. Royal Ave

Huntington Pike

FILED OCT 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 26th, 1934 to Oct 25th, 1934
I last saw h[illegible] alive on Oct 25th, 1934 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Interstitial Nephritis	1931
Other contributory causes of importance: Cerebral Anemia	Aug 1934

Name of operation None Date of —

Autopsy? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Thornton M.D.

(Address) 401 E 25th St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 05984

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05984

CERTIFICATE OF DEATH

117-001

Registered No.

1. PLACE OF DEATH

ST. JOSEPH'S HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-E Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Schwantz (Schwartz)

(a) Residence: No. 1510 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice E. Schwartz

6. DATE OF BIRTH (month, day, year) July 11-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wm H. Schwantz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Lauenhaur

16. BIRTHPLACE (city or town) (State or country) Memphis Tenn

17. INFORMANT Alice E. Schwartz
(Address) 1510 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Oct 29 1934

19. UNDERTAKER Chas F. Sauer & Son
(Address) 118 N. Eutaw St.

20. FILED Oct 26 1934 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1934 to October 25, 1934

I last saw him alive on October 25, 1934 Death is said to have occurred on the date stated above, at 8:15P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Gastric ulcer - ruptured	
2. Peritonitis	

Other contributory causes of importance:

1. Chronic bronchitis	

Name of operation Laparotomy Date of 10-24-34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M M Mansfield, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1933-9 F 05985

✓ F 05985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Erans Chapel Rd St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances C. Phipps

(a) Residence: No. 4304 Erans Chapel Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis J. Phipps

6. DATE OF BIRTH (month, day, year) Sept. 18/52

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Samuel Meade

14. BIRTHPLACE (city or town) (State or country) Calvert Co.

MOTHER

15. MAIDEN NAME Mary T Mackey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT James F Phipps
(Address) 4304 Erans Chapel Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Londontown Date Oct. 27th, 193 4

19. UNDERTAKER Geo M. Smith & Son
(Address) 811 W Lexington St

20. FILED Oct 29 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14 1934 to Oct 24 1934

I last saw h.e alive on Oct 24. 1934. Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia	10/14/34
Cerebral Thrombosis	10/14/34

Other contributory causes of importance:

Acute Pulmonary Edema	10/24/34
Sudden Heart Failure	10/24/34

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Tilman Porter M. D.

(Address) 4822 Roland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS ... information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0 6 2 3 V 8 3

AaCo. 5-31 2508

F 05986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05986

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 N. Fulton Ave. 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. 5 ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Wilhelm

(a) Residence: No. 614 N. Fulton Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July 18 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
34	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 168

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co., (State or country) Md.

FATHER

13. NAME Daniel S. Wilhelm

14. BIRTHPLACE (city or town) Balto. Co., (State or country) Md.

MOTHER

15. MAIDEN NAME Josie Mayo

16. BIRTHPLACE (city or town) Harford Co., (State or country) Md.

17. INFORMANT Mrs. Harvey C. Bickel
(Address) 310 Southway.

18. BURIAL, CREMATION, OR REMOVAL
Place Fairview, Md. Date Oct. 28, 1934

19. UNDERTAKER Wm. C. Brooks & Son
(Address) Towson, Md.

Filed Oct 29 1934 Harry Lee Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/22, 1934 to 10/26, 1934

I last saw her alive on 10/26, 1934 death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/21/34

Other contributory causes of importance:

Myocardial Weak	10/25/34

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Stewart, M. D.
(Address) 1403 Eutaw Pl.

CT 26 1934

F. — WRITE PLAINLY with pen and ink. Use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

(Edes)

F 05987

F 05987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 N. Durham St. ST. 8-01 WARD)

2-FULL NAME Mrs. Frances Edes.

(a) RESIDENCE NO. 1613 N Durham St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed or Divorced~~, (write the word): Married

5a If married, ~~widowed or divorced~~ (or) WIFE of: Andrew J. Edes

6 DATE OF BIRTH (month, day, and year): Oct 3rd 1875

7 AGE: Years: 59 | Months: 0 | Days: 21 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: John F. Desch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Theresa M. Fischer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant (Address): Charles F. Edes 1612 N. Durham st

CT 26 1934

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 10-25-34

17

I HEREBY CERTIFY, That I attended deceased from 10-7-34 to 10-25-34

That I last saw her alive on 10-25-1934

and that death occurred, on the date stated above, at 9 00 P.M.

The CAUSE OF DEATH* was as follows:

1 Hemiplegia (Left) diabetes

(Duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) Hemiplegia Cholecystitis

Diarrhoea (Duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) J. Hulla M.D. M. D.

Oct 25, 1934 (Address) 2214 E Eager St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer — DATE OF BURIAL: Oct 27th 1934

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

INFORMATION REQUIRED IN ALL ANSWERS should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be particular to fill in CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 05988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05988

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3608 Greenmount Ave Ward)

Registered No. 12-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Handler

(a) Residence: No. 3608 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Christopher Handler

6. DATE OF BIRTH (month, day, year) April 15th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Karl Stockhausen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherina Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherina Handler

(Address) 3608 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 27th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 3rd 1934 to Oct 25 1934

I last saw her alive on Oct 25 1934 Death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
carcinoma (abdominal, probably of head of pancreas)	1934
Other contributory causes of importance:	
cardiac insufficiency	8/1/34

Name of operation none Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Kemp M. D.

(Address) 3030 Eastern Ave

CT 23 1934

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1265-9

F 05989

F 05989 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76

1. PLACE OF DEATH St. Agnes Hospital

Registered No.

CITY OF BALTIMORE: (No. Wilkins & Caton Ave. St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Atkinson

(a) Residence: No. 535 Brice St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Atkinson

6. DATE OF BIRTH (month, day, year) July 25th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) August 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Michael Daucker

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Elizabeth Dallaway

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lewis B Whitney MD

(Address) St Agnes Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date Oct 29th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-15 1934 to 10-25 1934

I last saw her alive on 10-25 1934 Death is said to have occurred on the date stated above, at 7 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Potts disease of Spine with paralysis	
Other contributory causes of importance:	
Pneumonia + Trophic Ulcers	

Name of operation none Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Carl G Norbeck M. D.

(Address) St Agnes Hosp

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 05990

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05990

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry O'Neal

(a) Residence: No. 910 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 11th 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caretaker of Cottage

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. K. B. Jones

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Louisiana

FATHER

13. NAME Benjamin O'Neal

14. BIRTHPLACE (city or town) (State or country) Louisiana

MOTHER

15. MAIDEN NAME Mary Steel

16. BIRTHPLACE (city or town) (State or country) Louisiana

17. INFORMANT Mrs Lona White

(Address) 1613 Pumphrey St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 10/27/34

19. UNDERTAKER Wm Cook & Sons

(Address) 1217 E Oval St

20. FILED OCT 26 1934 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Unknown	

Other contributory causes of importance:

Coronary Thrombus	

Name of operation — Date of

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M. Fenlon, M. D. Coroner

(Address) 7002 Chase

information should be carefully supplied. AGE should be STATED EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Deutscher ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

05991 F 05991

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Registered No. 20-0182-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah B Deutscher

(a) Residence: No. 2801 Kinsey St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Deutscher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Rinder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Peter Deutscher

(Address) 2801 Kinsey St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Oct. 27, 1934

19. UNDERTAKER George F. G. Schmidt

(Address) 2101 Pennsylvania Ave.

CT 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct. 23-34
Other contributory causes of importance:	
Arterio-Sclerosis ?	
Name of operation None	Date
What test confirmed diagnosis?	Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Holtzman M. D. Coroner

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 05992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05992

CERTIFICATE OF DEATH

+ 71-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Wemberg

(a) Residence: No. 619 Euclid Ave St., Ward Miami Beach Fla

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Sadie

6. DATE OF BIRTH (month, day, year) 2/2/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Designer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Louis Wemberg

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Ida Orenstein

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Friends—

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL N. Y.

Place New York Date 10/26 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

[illegible] Registrar.

OCT 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1934 to Oct 24 1934

I last saw him alive on Oct 24 1934 Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (clinical)	10-21-34
Malignant neutropenia	9-30-34
Pleurisy	3-?-34

Other contributory causes of importance:

Atrophic Arthritis	3-?-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 05993

05993 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 160-002

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Raspeburg Maternity Hospital St., 26th Ward) C-01

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George William Ruths, Jr.

(a) Residence: No. Raspeburg Maternity Hospital St., 26th Ward. 1826 E. 32nd St.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20th 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME George William Ruths

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Dorothy Tacia Smith

16. BIRTHPLACE (city or town) Albany
(State or country) New York

17. INFORMANT George William Ruths
(Address) 1826 E. 32nd St., Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Pauls Cemetery Date Oct. 27 1934

19. UNDERTAKER Frederick Loeffler Sons
(Address) 7401 Belair Road

Filed OCT 26 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1934 to Oct. 26, 1934

I last saw him alive on Oct. 26, 1934 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage due to injury during birth.	Oct. 20th

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Wilkinson M. D.

(Address) 5713 Belair Rd., Balto., Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 05994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05994

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital (St.) 13-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel E. Lucabaugh

(a) Residence: No. 3436 Hickory Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 13, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Peter Lucabaugh.

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Elizabeth Shaver.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Elizabeth Lucabaugh

(Address) 3436 Hickory Ave.

18. BURIAL, CREMATION, OR REMOVAL

St Peters Balto Co Md Date Oct 28. 1934

19. UNDERTAKER Thanos & Son.

(Address) 3615-17 Chesapeake

Filed Oct 26 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Emerson M. D.

Coroner

(Address) 1305 N. Calhoun St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

Oct 26 1934

M. D. B. 1268-9

F 05995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05995

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1554 Moreland Ave St., 15-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Harris

(a) Residence: No. 1554 Moreland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or ~~WIFE OF~~) Wife of David Harris

6. DATE OF BIRTH (month, day, year) March 6, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER | FATHER

13. NAME Meyer Seligmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elsa Wolf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. H. Doyle

(Address) 1554 Moreland

18. BURIAL, CREMATION, OR REMOVAL Place Holzer Mizpah Cem. Date 10-28 1934

19. UNDERTAKER J. Ahrens Co

(Address) 1521 Pulaski Hy

20. FILED OCT 25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to Oct. 26, 1934

I last saw h.. alive on October 26, 1934 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Acute Cardiac Dilatation	Oct. 26
(2) Cholelithiasis	? ?
(3) Chronic Hypercondita.	? ?

Other contributory causes of importance:

Generalized Arteriosclerosis	??

Name of operation ——— Date of .....

What test confirmed diagnosis? ——— Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Philip F. Lerner, M. D.

(Address) 1823 Moreland Ave.

M. D. B 1268-0

F 05996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 05996

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 Druid Hill Ave St. Ward)

Length of residence in city or town where death occurred 42y mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Annie Heath

(a) Residence: No. 1233 Druid Hill Ave St. Ward 11

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Heath

6. DATE OF BIRTH (month, day, year) Jan. 5 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72 62	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Va.

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nettie Sheppard

(Address) 1233 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wm. Upshur Date Oct. 29. 1934

19. UNDERTAKER Saml. H. Case & Son

(Address) 628 N. Gilmor

Huntington Williams, Asst.

20. FILED Oct 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 9 1934 to Oct 25 1934

I last saw her alive on Oct 25 1934 Death is said to have occurred on the date stated above, at 8 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
	(

Other contributory causes of importance:

Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. W. Leatley, M. D.

(Address) 1230 S. Hilton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 05997

05997 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 7 yrs. 3 mos. 2 ds.

2. FULL NAME John Edgar Arrison D.D.S.

(a) Residence: No. 2422 N. Calvert St., 12 Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace A. Arrison

6. DATE OF BIRTH (month, day, year) July 22, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dentistry

10. Date deceased last worked at this occupation (month and year) Oct 10/34

11. Total time (years) spent in this occupation 45 yrs.

12. BIRTHPLACE (city or town) (State or country) Loudon Co Virginia

FATHER

13. NAME John W. Arrison

14. BIRTHPLACE (city or town) (State or country) Loudon Co Virginia

MOTHER

15. MAIDEN NAME Rebecca Smith

16. BIRTHPLACE (city or town) (State or country) Loudon Co Virginia

17. INFORMANT Mrs. Grace A. Boyle (daughter)

(Address) 2420 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Oct 27/34

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W. North Ave

20. FILED [illegible] 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14th, 1934 to Oct 25th, 1934

I last saw h[illegible] alive on Oct 25th, 1934 Death is said to have occurred on the date stated above, at 9.25 p m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Oct 1934

Other contributory causes of importance:

Toxic myocarditis,
Generalized Arteriosclerosis.
Empyema (Lt)

Name of operation ____ Date of ____

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Lauriston L. Kenna MD M. D.

(Address) University Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 05997

V 5-33

Oct 27 1934

Hauling for Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 05998 F 05998

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Linden Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 25 dds. How long in U. S. If of foreign birth? yrs. mos. dds. 64 8 25

2. FULL NAME Amelia Mount Renwick

(a) Residence: No. 1813 Linden Ave St., 14-11 Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 31 1870

7. AGE: Years 64 | Months 8 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: John A. Renwick

14. BIRTHPLACE (city or town) (State or country): Balto. Maryland

MOTHER

15. MAIDEN NAME: Mary A. B. Thomas

16. BIRTHPLACE (city or town) (State or country): Caswell Virginia

17. INFORMANT: Mrs. Bessie L. Renwick Reis

(Address): 1813 Linden Ave.

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place: Loudon Park Date: Oct 27 1934

19. UNDERTAKER: Eleanor McBride

(Address): Edmondson Ave.

20. FILED: Oct 27 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 23rd 1934 to Oct 25th 1934

I last saw h alive on Oct 25th 1934 Death is said to have occurred on the date stated above, at 9:30 A. m..

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Left Middle
Impaired Circulation
Hypertension Chronic Nephritis
Arteriosclerosis
Complete Heart Failure Oct 25 34

Date of onset

Other contributory causes of importance:

Cystitis Acute

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leary B Hamlett M. D.

(Address)

OCT 27 1934

S. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 05999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 12 Ward) 01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3ft yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Mitchell

(a) Residence: No. 2212 Maise St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 10-10-34 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT H. D. Off (Med. Out. Clinic)
(Address) 1515 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct. 27, 1934

19. UNDERTAKER Mrs. Lorna A. Talbert
(Address) 1538 Druid Hill Ave

20. FILED OCT 27 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-25-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-21-, 1934, to 10-25-, 1934

I last saw her alive on 10-25-, 1934 Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-intestinal Indigestion	
Marasmus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Hunn M. D.
per S. H. Pantheon

(Address) 1307 N. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 27 1934

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06000 F 06000

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Fisher
(a) Residence: No. 1407 Wilmer St. Ward 14-01
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Aug 21 1934
7. AGE: Years | Months: 2 | Days: 5 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Jas. Fisher
14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

MOTHER
15. MAIDEN NAME: Maria Coates
16. BIRTHPLACE (city or town) (State or country): Prince George Co. Md

17. INFORMANT: Minnie Fisher
(Address): 1407 Wilmer

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Oct. 27, 1934

19. UNDERTAKER: Mrs. George F. Hyland
(Address): 1631 Druid Hill Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from Pregnancy, 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
4 days	

Other contributory causes of importance:

None

Name of operation: Regular Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. C. Link M. D.
Coroner
(Address) Edmondson

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06001

06001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 509 Orkney Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Anderson

(a) Residence: No. 509 Orkney Road St., 27-21 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Anderson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Luke Fannon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Connelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Anderson

(Address) 509 Orkney Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Oct. 29 1934

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave.

20. FILED Registrar.

OCT 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1934, to Oct 25, 1934

I last saw h.e alive on Oct 24, 1934. Death is said to have occurred on the date stated above, at 1210 p m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset:
Bronchio-pneumonia	Oct 14/34
Chr. Myocarditis	?
Other contributory causes of importance:	
Hematuria - cause unknown	Oct 25/34

Name of operation none Date of —

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William R. Geraghty M.D.

(Address) 2225 St. Paul St.

MARGIN RESERVED FOR BINDING

Information should be carefully answered. See instructions on back of certificate. State CAUSE OF DEATH in plain English. Do not use abbreviations or technical terms. Be sure to answer properly. Every question must be answered. If unknown, state so. Do not leave any blanks. If OCCUPATION is very important. See instructions on back of certificate. Erect settlement of

M. D. B. 1268-9

✓ N^ F 06002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06002

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Mitchell (Asylum)

(a) Residence: No. City Hospital St., 26-01 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Mitchell

6. DATE OF BIRTH (month, day, year) Apr. 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Florence G. Sibert

(Address) 3120 St. Paul St.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct. 27, 19 34

19. UNDERTAKER John F Denny

(Address) 715 Light St.

20. FILED Oct 27 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 25, 19 34

22. I HEREBY CERTIFY, That I attended deceased from ungiv, 19 to 19

I last saw h alive on ungiv 19 Death is said to have occurred on the date stated above at 4 05 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accident Date of injury 10. 25. 1934

Where did injury occur? Light & Lombard Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P Kerney Coroner M. D.

(Address) 2200 E Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B 1268-9

F 06003

HEALTH DEPARTMENT—CITY OF BALTIMORE

06003

CERTIFICATE OF DEATH

75

2-1

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Jackson Wharf St., ... Ward)

Length of residence in city or town where death occurred unknown yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Jamieson

(a) Residence: No. 1074 Thames St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Coroners Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place La Salle Ill Date Oct 27 1934

19. UNDERTAKER John C. Miller
(Address) 2435 E Oliver St

Oct 27 1934 Filed for Record
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. Berg M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Oct 27 1934

M. D. P. 1268-9

F 06004

06004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp., Ward) 11-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Scott B. Shepherd III

(a) Residence: No. Fullerton, Md RFD#1 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/20/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt md.

FATHER

13. NAME Scott B Shepherd

14. BIRTHPLACE (city or town) (State or country) N.Y. city

MOTHER

15. MAIDEN NAME Marcia Keiper

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ of Md Date Oct 27, 1934

19. UNDERTAKER

(Address)

Huntington Williams, Inc.

(Signature of Undertaker)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1934 to Oct 26, 1934

I last saw him alive on Oct 26, 1934 Death is said to have occurred on the date stated above, at 1 15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ectopic Viscera	10/19/34
Other contributory causes of importance:	
Bronchopneumonia	10/25/34

Name of operation Intestinal resection Date of 10-19-34

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Barnard, M. D.

(Address) Maryland General Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

CT 27 1934

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06005

F 06005

CERTIFICATE OF DEATH

49

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., Ward) 11-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Wanner

(a) Residence: No. 19 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 6, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME August Gayer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Wanner

(Address) 19 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date Oct. 27 1934

19. UNDERTAKER Mrs. G. Miller Son

(Address) 234 Jefferson St

Huntington Williams Nat'l

Registered

OCT 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 7 1934 to Oct 25 1934

I last saw her alive on Oct 25 1934 Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of vagina with spread and metastases	1931

Other contributory causes of importance:

Uraemia

Name of operation Date of

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

F 06006

06006

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2520 McElderry St., Ward 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Kyle

(a) Residence: No. 2520 McElderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles E. Kyle

6. DATE OF BIRTH (month, day, year) April 5-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas C. Penty

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie Gorsuch

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Charles E. Kyle

(Address) 2520 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Oct. 29 1934

19. UNDERTAKER Wm. C. Miller & Son

(Address) 234 Jefferson St.

20. FILED Huntington Wilson Registrar.

OCT 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 25 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Oct 25 1934

I last saw h[illegible] alive on Oct 25 1934 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	April 1932
Other contributory causes of importance: Cardiac Exhaustion	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William Kramer M. D.

(Address) 801 N. Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1265-2

F 06007

F 06007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp. Ward) 7-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. John Hunter

(a) Residence: No. 2565 Fait Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina Leysler

6. DATE OF BIRTH (month, day, year) July 8 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Hunter ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Relative

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Oct. 28. 1934

19. UNDERTAKER HENRY SANDER & SONS. INC. Per J. Sander

(Address) Baltimore & Broadway.

OCT 28 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/9/34 . 19 . to 10/26/34 . 19

I last saw h im alive on Oct 26, 19 34 Death is said to have occurred on the date stated above, at 3.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Chronic Myocarditis	?
Bron cho Pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Ackerman M. D.

(Address) West Baltimore Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 06008

F 06008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 49

Registered No. 29557

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward) 7-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 17 ds. How long in U. S. If foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Gillis

(a) Residence: No. Route 3 - Broadmine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Harry Gillis.

6. DATE OF BIRTH (month, day, year) 2/1/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	50	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 427

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Columbus A. Conway

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Ida Tidett.

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Ebenezer Cemt Date Oct-30- 1934

19. UNDERTAKER C. M. Hall
(Address) Winfield Md.

OCT 28 1934

... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct-27- 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1934 to Oct. 27 1934.

I last saw her alive on Oct-27 1934. Death is said to have occurred on the date stated above, at 6:57 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma ovary, bilateral	Aug 1934
Metastasis omentum and peritoneum	Aug 1934
Ascites	Aug 1934

Other contributory causes of importance: 1

Name of operation Exploratory laparotomy Date of 9/12/34

What test confirmed diagnosis? Operation Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph P. Dick M. D.

(Address) Johns Hopkins Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1968-9

F 06009

F 06009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) 24-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Wengert

(a) Residence: No. 1706 William St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Wengert

6. DATE OF BIRTH (month, day, year) Dec 27, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Crowley & Stanley Co

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick Wengert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Cook

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Arendt

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Oct 29 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1934 to Oct 26, 1934

I last saw him alive on Oct 26, 1934. Death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Septicemia	1wk.
Bronchopneumonia	2wks
	1wk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. P. Hagerd, M. D.

(Address) Balt. City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 28 1934

M. D. R. 1268-a

F 06010

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06010

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 E Baltimore St., Ward) 3-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Levinson

(a) Residence: No. 1127 E Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Bella

6. DATE OF BIRTH (month, day, year) Jan 8. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retd Mortician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Russia

FATHER

13. NAME Isaac Levinson

14. BIRTHPLACE (City or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Shifra —

16. BIRTHPLACE (City or town) (State or country) Russia

17. INFORMANT Sol Levinson

(Address) 1126 N. North ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Southern Ave Date 10.28. 1934

19. UNDERTAKER Maria Sonnheim & Son

(Address) 1912 Eutaw Pl

20. [illegible]

OCT 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/25, 19 34

22. I HEREBY CERTIFY, That I attended deceased from April 15th, 19 34, to Oct 25th, 19 34

I last saw him alive on Oct 25th, 19 34. Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach,	1934

Other contributory causes of importance:

Name of operation Gastro Enterostomy Date of 9/29/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Jonte, M. D.

(Address) 1310 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-3

F 06011

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06011

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital Ward) 2-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Glesser

(a) Residence: No. 114 S. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jessie Glesser

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Interred Mt. Lavon Date 1 Nov 34

19. UNDERTAKER Jew Davis Inc

(Address) 1429 E. Baltimore.

OCT 28 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 24, 1934 to October 28, 1934.

I last saw him alive on October 28, 1934 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery thrombosis	
Pulmonary Edema	
Cardiac hypertrophy + dilatation	
Chronic myocarditis	

Other contributory causes of importance:

Cardiac insufficiency.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Carl William Grant M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-68-9 06012

F 06012

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 117-001

Registered No.

CITY OF BALTIMORE: (No. 1 Bolton St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Adams 4-1

(a) Residence: No. 719 W Mulberry St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-1-90

7. AGE: Years 34 | Months 6 | Days 26. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Maid 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Maryland

FATHER

13. NAME Alfred Whittington

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ella Tucker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records Baltimore City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Glenwood Date Oct 30 1934

19. UNDERTAKER Henry Forler Bellevue md

(Address)

Filed Oct 31 1934 [illegible] Registrar.

OCT 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-22- 1934 to 10-27- 1934

I last saw her alive on 10-27- 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Gastric ulcer ?

Other contributory causes of importance:

Alcoholic Psychosis ?

Incl Ulcer

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) Harry Goldsmith M. D.

(Address) Baltimore City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-9 06013 F 06013

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leona E. Watkins. 13-1

(a) Residence: No. 1518 Cox St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year) Nov 4, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md.

FATHER

13. NAME: Frank Watkins.

14. BIRTHPLACE (city or town) (State or country): md

MOTHER

15. MAIDEN NAME: Elsie Evans.

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Frank Watkins.
(Address) 1518 Cox St.

18. BURIAL, CREMATION, OR REMOVAL
St Mary's Hampden Date Oct 29, 1934

19. UNDERTAKER: A. Chenoweth Son.
(Address) 3415-17 Chestnut Ave.

....., 19.... Registrar.

OCT 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
(If so, specify)

(Signed) Frank Watkins M. D.
(Address) 3632 Roland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

H. D. R. 1268-9

F 06014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. Ward) 13-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Eugene Redmond

(a) Residence: No. 3632 Paine St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Aug. 27, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
31	31	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: James E. Redmond

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mary E. Summers

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Janice E. Redmond

(Address) 3632 Paine St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Oct 30 19 34

19. UNDERTAKER: Chenoweth & Lau

(Address) 3615-17 Chestnut Ave

20. FILED 19 Registrar.

OCT 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21, 1934 to October 27, 1934

I last saw him alive on October 27 1934. Death is said to have occurred on the date stated above, at 7.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	Birth
Rheumatic Heart Disease	?
Mitral Stenosis & Insuff.	?
Myocardial Insufficiency Congestive	1931

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis, M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1265-9

F 06015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06015

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Northern Parkway St., Ward) 27-1

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Howard N. Harman

(a) Residence: No. 3008 Northern Parkway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of: Cora B. Harman

6. DATE OF BIRTH (month, day, year) July 1 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Lewis Harman

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Ashley Grace

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Cora B. Harman

(Address) 3008 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL Meadow Branch Carroll Co Md Date Oct 29 34

19. UNDERTAKER R. S. Marshall

(Address) 29 Eddy Road

Registrar

OCT 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th 1934 to Oct 26th 1934

I last saw him alive on Oct 26th 1934 Death is said to have occurred on the date stated above, at 2.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10-17-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. L. Grody. M. D.

(Address) Harford Rd & Arlington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. F 06016

F 06016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

Registered No. 15 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4401 Garrison Bl'vd St., Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 10 28 34 yrs. mos. ds.

2. FULL NAME Frederick Clifton Whitney

(a) Residence: No. 4401 Garrison Bl'vd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

DIC Dr Joseph Phoney

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah C. Whitney

6. DATE OF BIRTH (month, day, year) Dec 15 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME George T. Whitney

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret E Zeigler

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E. Whitney

(Address) 4401 Garrison Bl'vd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Oct 29 1934

19. UNDERTAKER Harry A Bowers & Son

(Address) 4204 Ridgewood Ave.

FILED OCT 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 8 1934 to Oct 27 1934

I last saw him alive on Oct 25 1934 Death is said to have occurred on the date stated above, at 12 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Left Tibia & Fibula -	
Concussion Brain	
Broncho Pneumonia	

Other contributory causes of importance:

Struck by Automobile	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 8 1934

Where did injury occur? Pasteurtown Road & Garrison Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Street

Manner of injury Struck by auto while walking across street

Nature of injury Concussion Fracture leg.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) V. Leslie Gastman M. D.

(Address) 811 Park Ave.

M. D. B. 12 F 06017 ✓ F 06017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH Good Shepherd Hospital Registered No. 16-1

CITY OF BALTIMORE: (No. 1521 Gilmor St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 8 mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

2. FULL NAME Charles LeGrande

(a) Residence: No. 815 N. Mount St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of Bertie L. Grande

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Synagogue

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME John DeLa Grande

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Ann Christopher

16. BIRTHPLACE (city or town) (State or country) Australia

17. INFORMANT Wife (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemetery Date Oct 29 1934

19. UNDERTAKER Thos. E. Kelson (Address) 1303 Freeman St

20. FILED Nov 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1937 to Oct 26, 1934

I last saw him alive on Oct 26, 1937 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pneumonia	2 mo. ago
Hypertensive Cardio vascular Disease	8 mo. ago

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Marshall M. D.

(Address) 1835 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 120 1934

M. D. B. 12 F 06018 ✓ F 06018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2820 Alvarado Square Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 27 yrs. ... mos. ... ds.

2. FULL NAME Barbara Proff

(a) Residence: No. 2820 Alvarado Square Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius C Proff

6. DATE OF BIRTH (month, day, year) April 20 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Louise G Tiefenthaler
(Address) 2820 Alvarado Square

18. BURIAL, CREMATION, OR REMOVAL
Pl Holy Redeemer Date 10/29/34

19. UNDERTAKER Leonard Flynn
(Address) 5305 Harford Rd

20. FILED ... 19... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/26/34 19

22. I HEREBY CERTIFY, That I attended deceased from October 23 1934 to October 26 1934

I last saw her alive on October 25 1934 Death is said to have occurred on the date stated above, at 1 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	Oct 23 1934
Arterial Hypertension.	
Chronic Interstitial Nephritis.	
Other contributory causes of importance: Cardiac Dilatation	Oct 23 1934

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Albert Eisenberg M. D.

(Address) 2025 E Monument

0.129 1934

M. D. H. 126-8

F 06019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06019

CERTIFICATE OF DEATH

92-001

Registered No. 8-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2849 Lake Avenue St., Life Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J.Malone

(a) Residence: No. 2849 Lake Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 26 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane L.(Miner)

6. DATE OF BIRTH (month, day, year) Sept.25,1891.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
43	I	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Malone

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Gately

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jane L.Malone (Wife)

(Address) 2849 Lake Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Date Oct.29,1934

19. UNDERTAKER Geo. J. Doyle & Son

(Address) 1532 Hollins St.

20. FILED Oct 26 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct.24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct.22/34 19.. to Oct.24/34 19..

I last saw him alive on Oct.24/34 4P.M. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emboli of coronary artery	
One day.	
Other contributory causes of importance:	
Endocarditis, and myocarditis	

Name of operation None. Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? NONE.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) B V Kelly M. D.

(Address) 100 N Linwood Ave

M. D. B 1268-2

F 06020 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06020

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5835 Greenmount Ave St. 27-01 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Allen W. Tritle

(a) Residence: No. 5802 Halwyn Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ola Tritle

6. DATE OF BIRTH (month, day, year) May 8, 76

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	58	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool Filer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Black-Decker Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) McConnellsburg, Pa.

FATHER

13. NAME George Titler

14. BIRTHPLACE (city or town) (State or country) Smithburg, Md.

MOTHER

15. MAIDEN NAME Lydia Tritle

16. BIRTHPLACE (city or town) (State or country) Waynesboro, Pa.

17. INFORMANT Mrs. Ola Tritle
(Address) 5802 Halwyn Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodland Cem Date 10/29 1934

19. UNDERTAKER The Cook Co
(Address) 1217 E Fayette St

20. FILED OCT 29 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Oct 27/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. K. Mason M. D.
Coroner

(Address) 508 E Hamburg

OCT 29 1934

Over

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D. B. 1288-9

F 06021

M F 06021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 25-21 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Oscar G. Carlson

(a) Residence: No. Glenndale, Md. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor Carlson

6. DATE OF BIRTH (month, day, year) July 16, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician 029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc General Electric Co

10. Date deceased last worked at this occupation (month and year) Oct. 27, 1934

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Sioux City Iowa

FATHER

13. NAME A. F. Carlson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

17. INFORMANT Mrs Eleanor B. Carlson

(Address) Glenndale, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Trinity Date 10/29 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 4.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/27 1934

Where did injury occur? Washington Blvd & Eaton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving

Nature of injury collided with another

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St.

OCT 29 1934

Filed ... Registrar.

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-1

F 06022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06022

CERTIFICATE OF DEATH

✓ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., ? Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

Just

2. FULL NAME William Christopher

(a) Residence: No. City Hospital St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
?	?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Unknown (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Hosp Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Vernon Cem Date 10/29 1934

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave

20. FILED Nov 1 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Accidental Fract of L Femur	

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Oct 8, 1934

Where did injury occur? City Hospital (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Hospital

Manner of injury Fell on slide

Nature of injury Fract of L Femur

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. J. Heagney M.D. M. D.

Coroner

(Address) 120 N Patterson Park Ave

U. S. MORTALITY—WITH INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 29 1934

M. D. B. 1268-9

Chaffman

F 06023 **HEALTH DEPARTMENT—CITY OF BALTIMORE** **F 06023**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyd Church Hospital

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gilbert Chappeau

(a) Residence: No. Woodlawn Md Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Infant.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 12/1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6.	9	16.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

FATHER

13. NAME Raymond Chaffman.

14. BIRTHPLACE (city or town) (State or country) Texas Md.

MOTHER

15. MAIDEN NAME Lydia A. Richards

16. BIRTHPLACE (city or town) (State or country) Balto city. Md

17. INFORMANT Raymond A. Chaffman.

(Address) Stricker Mill Rd. Woodlawn

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Oct. 31, 1934

19. UNDERTAKER Walter Dawn

(Address) 3x18 Chestnut ave.

20. FILED Nov 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27th 1934 to Oct 28th 1934

I last saw him alive on Oct 28th 1934 Death is said to have occurred on the date stated above, at 10 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laryngeal, Tracheal and Bronchial Diphtheria	9/24/34

Other contributory causes of importance:

Name of operation Tracheotomy Date of 10/28/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Daniel E. Boyd M. D.

(Address) Lyle Church Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 12 F 06024

F 06024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 829 E Chase St. St.) 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Regina Mills

(a) Residence: No. 829 E. Chase St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Dec 28, 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME J. Frank Mills

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary R. Lavery

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Mary R. Mills

(Address) 829 E Chase St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Cemetery Oct 29, 1934

19. UNDERTAKER Holmes & Conklin

(Address) 924 Eutaw St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Oct 27 1934

I last saw her alive on Oct 27 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Endocarditis	

Other contributory causes of importance:

Mongolian type child

Name of operation None Date of

What test confirmed diagnosis? ? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury 19

Where did injury occur? ? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ?

Nature of injury ?

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter C Bacon M. D.

(Address) 100 E 20th St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0C

M. D. P. 1203-9 1601 Eutaw Place Ph 3238

F 06025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06025

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Hollins St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs mos ds.

2. FULL NAME Louis Sugarman

(a) Residence: No. 1315 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color, or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) 1879.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutting Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Leo Sugarman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Miriam

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pikesville (Mt Carmel) 10/28/37

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28/37 19

22. I HEREBY CERTIFY, That I attended deceased from October, 1937, to October 28, 1937.

I last saw him alive on October 28, 1937. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage —	
Central arteriosclerosis	
Residual hemiplegia (1928)	

Other contributory causes of importance: Chronic arteriosclerotic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Harry Wasserman M. D.

(Address) No 1 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

OCT 29 1937

M. D. P. 1268-9

F 06026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06026

CERTIFICATE OF DEATH

V 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St. 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wallace L. Roper

(a) Residence: No. 6 211 Winner Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Street Roper

6. DATE OF BIRTH (month, day, year) July 7, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Compositor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Sun

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk (State or country) Va

FATHER

13. NAME John L. Roper

14. BIRTHPLACE (city or town) Petersburg (State or country) Va

MOTHER

15. MAIDEN NAME Emma Edwards

16. BIRTHPLACE (city or town) Petersburg (State or country) Va

17. INFORMANT Mrs. Louise S. Roper

(Address) 63 Winner Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Oct. 29 -

19. UNDERTAKER J. McPherson & Sons

(Address) 1701 Pennsylvania Ave.

20. FILED Oct 29 19 34 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-23-1934 to 10-26-1934

I last saw him alive on 10-26-1934. Death is said to have occurred on the date stated above, at 10:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystolithiasis	4 days ?

Other contributory causes of importance:

Lithotripsy	10-24-34
Paralytic Ileus	10-25-34
Post Operative Shock	10-26-34

Name of operation Lithotripsy Date of 10-24-34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H C Hull M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06027

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH St. Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. Wilkens Caton St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Ruby

(a) Residence: No. Hampstead, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 26, 1934

7. AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or ... min.
5½ Mos Foetus.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry Ruby

14. BIRTHPLACE (city or town) (State or country) Carroll County Md

MOTHER

15. MAIDEN NAME Nannie Marie Harris

16. BIRTHPLACE (city or town) (State or country) Hampstead Md.

17. INFORMANT N. M. Ruby
(Address) Hampstead, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place MtOlivet Date Oct 29. 1934

19. UNDERTAKER Thomas Kechner
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 26. . 1934 to ... . 19 ...

I last saw him alive on October 26 1934 Death is said to have occurred on the date stated above, at 8 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta Praevia	
Miscarriage	10/26
Prematurity 5½ Mos Foetus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Carl G Purdel . M. D.

(Address) St Agnes Hosp

A. B.—WRITE LEGIBLY, WITH LEAD PENCIL OR PEN AND INK. BOTH SIDES OF THIS CERTIFICATE SHOULD BE FILLED IN. Every item in information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

2190

M. D. B. 12 **F 06028** **F 06028**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mabel V. Cannon

(a) Residence: No. 1615 Rosedale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wilmer J. Cannon

6. DATE OF BIRTH (month, day, year): Apr 3. 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salisbury, Md

FATHER

13. NAME: John E. Disharoon

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Marian Smith

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Wilmer J. Cannon

(Address) 1615 Rosedale St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Oct 29 ... 1934

19. UNDERTAKER: John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 26 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 . 1934 to Oct. 26 . 1934

I last saw her alive on Oct. 26 . 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cert - Acute Bacterial Endocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Charles L. Goodland M. D.

(Address) University Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06029

F 06029

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1176 Cleveland St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Buettner

(a) Residence: No. 1176 Cleveland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Buettner

6. DATE OF BIRTH (month, day, year) May 23 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. May Buettner

(Address) 1176 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Date 10/31 1934

19. UNDERTAKER Bernard C Harlr

(Address) 1000 S Paca St.

20. FILED OCT 30 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1932 to Oct. 28 1934

I last saw her alive on Oct. 28 1934 Death is said to have occurred on the date stated above, at 9 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	2 yrs
Auricular Fibrillation	1 wk.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

24. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Harry L Kahn M. D.

(Address) 5231 Scott St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 30 1934

M. D. F 06030

F 06030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2273 Reisterstown Rd. 14-01 Ward) Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hoyt Alexandria Finlay

(a) Residence: No. 2273 Reisterstown Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Ella M. McGuinness Finlay

6. DATE OF BIRTH (month, day, year) April 17-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired $6

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Letter Carrier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Wm B. Finlay

14. BIRTHPLACE (city or town) (State or country) Cleveland

MOTHER

15. MAIDEN NAME Mary Elizabeth Shannon

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Ella M. Finlay

(Address) 2273 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 10/30/34

19. UNDERTAKER Geo. Wehrle

(Address) 513 Edmondson Ave

21. FILED OCT 29 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 | 27 | 34 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 19 34 to Oct 27 19 34

I last saw him alive on Oct 27 19 34. Death is said to have occurred on the date stated above, at 3:40 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	10/26
Other contributory causes of importance:	
Cerebral Arteria Sclerosis	3yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Geo. C. Shannon M. D.

(Address) 700 Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 68 F 06031

F 06031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2411 E, Fayette St., 6-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JEANNETTE KALBFUS

(a) Residence: No. 2411 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Kalbfus

6. DATE OF BIRTH (month, day, year) Oct. 2, 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Ross

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Deborah Dawson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Nettie M. Kalbfus (Daughter)
(Address) 2411 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Oct. 29, 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. Sander
(Address) Baltimore & Broadway.

20. FILED ..... 19 ..... Registrar.

OCT 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 34

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22/34, 19 to Oct. 26/34, 19

I last saw h.. ar alive on Oct. 26/34, 19 Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
B Secondary Pneumonia and pulmonary oedema Five days duration	

Other contributory causes of importance:

Carcinoma of pancreas. Duration unknown.

Name of operation None. Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NONE. Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) D O'Kelly, M. D.

(Address) 100 N. Linwood Ave.

M. D. P. 126 **F 06032** **F 06032**

290708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ H6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pagie Quarles

(a) Residence: No. 706 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: William

6. DATE OF BIRTH (month, day, year): 3-23-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER FATHER

13. NAME: Abraham Spady

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Susie Williams

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 10/29 19 34

19. UNDERTAKER: Frances A. Hemsley
(Address) 328 W. Biddle St.

20. FILED Oct 29 19 34 [illegible] Registrar.

OCT 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 29, 1934 to Oct 27, 1934

I last saw her alive on Oct 27, 1934 Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	Sept. 1933
Other contributory causes of importance:	
Debility	1 month
Metastases probably [illegible]	

Name of operation Gastro-enterostomy Date of 10-2-34

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fred W Gibb, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D S 3

M. D. 12

F 06033

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06033

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 Carrollton Ave St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Ennisted

(a) Residence: No. Aged, men + women's Home St., Colored Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME ? Cole

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Age Men + Women Home

(Address) 822 Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 10/29/ 1934

19. UNDERTAKER Frances A. Hemsley

(Address) 22 12 W. Biddle St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934 to Oct 27 1934

I last saw h w alive on Oct 27 1934 Death is said to have occurred on the date stated above, at 5 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	?
	?

Other contributory causes of importance:

Old age	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw. J. Kealley M. D.

(Address) 2310 Druid Hill Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 06034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06034

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 105 Sorrento Ave. St. 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Birkmeyer

(a) Residence: No. 105 Sorrento Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 22, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John F. Birkmeyer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth M. Fulbbauer

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Louis B. Hoffman
(Address) 105 Sorrento Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Oct. 30 . 34

19. UNDERTAKER Jos. H. Cook
(Address) 1003 W. Baltimore St.

20. [illegible] Huntington Ind.
OCT 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 . 1934 to Oct. 27 . 1934
I last saw her alive on Oct 26 . 1934 Death is said to have occurred on the date stated above, at 8.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Abdomen	3 yrs
ascites right ovary	
Other contributory causes of importance:	
Genetopelvic myo	1 yr
Carditis	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury . 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) John H Cronin M. D.
(Address) 612 W. 40th St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06035

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Glover St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Marianna (Maria) Docent.

(a) Residence: No. 811 S. Glover St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 29/56

7. AGE: Years 78 | Months 1 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: unknown.

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Frances. Werner.

(Address) Franciszka Werner

18. BURIAL, CREMATION, OR REMOVAL:

Place St. Stanislaus Kostka Date 10-30 1934

19. UNDERTAKER: Fisher - Fialkowski INC

(Address) 901 S. Linwood Ave.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 26 . 1934

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1934, to October 26, 1934

I last saw her alive on October 25, 1934. Death is said to have occurred on the date stated above, at 7200 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute bronchitis	10-19-34
Myocardial insufficiency	Oct. 22, 1934

Name of operation ... Date of ...

What test confirmed diagnosis? Physical signs of death. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. B. Brumbaugh, M. D.

(Address) 2037 O'Donnell St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. F 1268-9

F 06036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06036

[redacted]36

CERTIFICATE OF DEATH

✓ 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4430 Forest View Ave St. 26-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Anna Buddenbohn

(a) Residence: No. 4430 Forest View Ave St., ...Ward.
(Usual place of abode) (If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Ferd Buddenbohn

6. DATE OF BIRTH (month, day, year) Nov 23/1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Spreen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Buddenbohn
(Address) 4430 Forest View Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslager Date Oct. 29. 34

19. UNDERTAKER J. Heuman & Son
(Address) [illegible] Huntington Williams, N.Y.

20. FILED OCT 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardiac Failure	
Senile infirmities	

Other contributory causes of importance:

Hemiplegia	4-5 yrs ago
Fracture of rt hip	Oct 1/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 1/34
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Fell in home-1st floor, while going from room to another.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [signature] Coroner, M. D.
(Address) [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. S. 12

F 06037

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06037

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Flaherty

(a) Residence: No. 2138 Aiken St St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 24/1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailoress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James Flaherty

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Gavin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sarah Flaherty (sister)
(Address) 2138 Aiken St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date Oct 30. 1934

19. UNDERTAKER Mary M. Medford
(Address) 201 E Fayette St

OCT 29 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 8.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bichlorid- Mercury Poisoning	Oct 23/34

Other contributory causes of importance:

Name of operation Colostomy Date Oct 24

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Oct 23 . 19
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Swallowed 1 Bicloride Tab
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) J. H. Cain Coroner . M. D.
(Address) 506 E Fayette

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1963-9

F 06038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06038

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 17-21 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Washington

(a) Residence: No. 629 Pierce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Cornish

17. INFORMANT Clarence ~~Lumpkin~~ (Address) 629 Pierce St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 10/29 1934

19. UNDERTAKER Bernard Beverley (Address) 1800 Druid Hill Ave

20. FILED OCT 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-26- 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-9- 1934 to 10-20- 1934

I last saw her alive on 10-26- 1934. Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Uremia Poisoning)	10-9-34
Interstitial Nephritis.	

Other contributory causes of importance:

Hypertension.

Name of operation — Date of

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Calvin Blue Compte M. D.

(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06039

HEALTH DEPARTMENT—CITY OF BALTIMORE

M F 06039

CERTIFICATE OF DEATH

210-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 1-al Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary E. Fraser

(a) Residence: No. 4414 Woodlea Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Fraser

6. DATE OF BIRTH (month, day, year) July 2nd 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER

13. NAME Walter Schlayman

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Margaret Stentel

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT John J. Fraser
(Address) 4414 Woodlea Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakleaf Cemetery Date 10/31/ 1934

19. UNDERTAKER C. J. Panning & Son
(Address) 1938 E. Lafayette Ave

20. FILED Huntington Williams Registrar

NOV 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from ngm. 19..... to ngm. 19.....

I last saw h... alive on ngm. 19..... Death is said to have occurred on the date stated above, at 4:34 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull

Contusion of Brain

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/23. 1934

Where did injury occur? Belair Rd & Woodlea Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Joseph O'Leary Coroner C. M. D.

(Address) 2200 E. Madison St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C. Vs 8

A&Co. 5-31 2508

F 06040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06040

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square St., 25-8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard Lutts

(a) Residence: No. Fleming Terr. St., ... Ward. (Curtis Bay)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	16 4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edwin C. Lutts

14. BIRTHPLACE (city or town) (State or country) Easton Pa.

MOTHER

15. MAIDEN NAME Grace Heckman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edwin C. Lutts.
(Address) Curtis Bay

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Gm Date Oct 29 19 34

19. UNDERTAKER [illegible]
(Address) [illegible]

Filed Oct 29 1934 [illegible] Registrar

Morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1934, to Oct 15, 1934

I last saw him alive on Oct 15, 1934 death is said to have occurred on the date stated above, at 4:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis colitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. J. Somers, M. D.

(Address) Franklin Square Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 06041

F 06041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Harrison

(a) Residence: No. 804 Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

3a. If married, widowed, or divorced
HUSBAND of ?
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 4-D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Md Date Oct 29 19 34

19. UNDERTAKER .....
(Address) .....

20. FILED Oct 29 1934 19 ..... Registrar.

0821 Apd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 26, 1937

22. I, HEREBY CERTIFY, That I attended deceased from April 26, 1937 to Oct 26 1937

I last saw him alive on Oct. 26, 1937 Death is said to have occurred on the date stated above, at 5⁰⁰ Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Term
Arteriosclerosis, general	?

Other contributory causes of importance:

Senility	

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L Phaneuf, M. D.

(Address) Balt City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06042

F 06042 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5-C (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Small

(a) Residence: No. 1102 Thompson st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Small

6. DATE OF BIRTH (month, day, year) July 9, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Albert Small

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Mary Gillins

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 29 19 34

19. UNDERTAKER .....

(Address)

Oct 29 1934 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 26 1934 to October 24 1934

I last saw him alive on October 24 1934. Death is said to have occurred on the date stated above, at 4.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Meyer M. Jacobstein M. D.

(Address) Baltimore City Hospitals

Information should be correctly supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 29 1934

M. D. F. 1268-9

F 06043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 337 S. Bonsal St. 76-81 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Kowalski

(a) Residence: No. 337 S. Bonsal St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 28-37

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
1/2 Hour			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Kowalski

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lillian Skoczynska

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John Kowalski
(Address) 337 S Bonsal

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Oct 29 1934

19. UNDERTAKER William J. Fiery Sons
(Address) 161 Eastern Ave

20. FILED ..... 19..... Registrar.

OCT 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1934 to Oct. 28, 1934.

I last saw her alive on Oct. 28 1934 Death is said to have occurred on the date stated above, at 9:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

No Definite Cause

Name of operation — Date of —

What test confirmed diagnosis? P.S.C. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify .....

(Signed) John J. Kruger M. D.

(Address) 26 E Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v2.3

M. D. B. 1268-9

F 06044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06044

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John George Venker

(a) Residence: No. 1005 S. Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida (dead)

6. DATE OF BIRTH (month, day, year) Aug 19, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Herman F. VENKER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kate ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Schwartz Date 11/1 1934

19. UNDERTAKER Wm Cook Gould (Address) 1144 E Fayette

Huntington Williams M.D. Registrar.

T 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1934 to Oct 28, 1934

I last saw him alive on Oct 28, 1934. Death is said to have occurred on the date stated above, at 11:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apo	3 days
Myocardial insufficiency	
& congestive failure	7 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I P Nagel M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06045

CERTIFICATE OF DEATH

X ✓97

1. PLACE OF DEATH

Registered No. ....

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Warren Brown

(a) Residence: No. Magnolia, Harford County, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Laura J. Brown

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George W. Brown

14. BIRTHPLACE (city or town) (State or country) Gunpowder Neck Md.

MOTHER

15. MAIDEN NAME Mary Lee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Hospital records
(Address) Church Home & Infirmary

18. BURIAL, CREMATION, OR REMOVAL
Place Abingdon, Md. Date Oct. 31 1934

19. UNDERTAKER Howard K. McComas
(Address) Abingdon, Md.

20. FILED OCT 29 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1934 to Oct. 29 1934

I last saw him alive on Oct 29 1934 Death is said to have occurred on the date stated above, at 10 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile gangrene, left leg	March, 1934
Arteriosclerosis	
Senility	
Other contributory causes of importance:	
Operation	

Name of operation Amputation left leg, mid thigh Date of 10-26-34

What test confirmed diagnosis? P.E. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Hugh C. Algeufrid M. D.
(Address) Church Home & Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06046

F 06046 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-01 Ward)

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. dy. How long in U. S. If of foreign birth? yrs. mos. dy.

2. FULL NAME Catherine Bundschuh

(a) Residence: No. 1505 E. Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Bundschuh

6. DATE OF BIRTH (month, day, year) Nov. 19, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Anthony Kemp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Margaret Bundschuh

(Address) 1505 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cem. Date Nov. 2 1934

19. UNDERTAKER Geo. A. Evans & Son

(Address) 1300 Eastern Ave

20. FILED OCT 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1934 to October 28, 1934

I last saw her alive on October 28, 1934 Death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of stomach	
2. 2nd, haemorrhage	
3. Hypertension	
4. Chronic myocarditis	

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

Instructions: Use black ink or indelible pencil. Write plainly. Fill in all blanks with the best information obtainable. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06047

CERTIFICATE OF DEATH

✓ 82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 33 Union Memorial Hosp & Colored Sts St., 11-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME C. Manning Combs

(a) Residence: No. 906 St. Paul St., Ward. Santiago Florida City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of Mary L. Combs

6. DATE OF BIRTH (month, day, year) Oct 26-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mining Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Leonardtown Md.

FATHER

13. NAME Robert C. Combs

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Ward

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary L. Combs (Address) 906 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Cem. Date Oct 30 1934

19. UNDERTAKER Chas. H. Grace & Son (Address) 1701 North Royal Ave Huntington W. Va.

20. FILED Oct 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1934 to Oct 28th, 1934

I last saw him alive on Oct 28th, 1934 Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 10/—/34

Other contributory causes of importance:

Essential Hypertension — grave

generalized Arteriosclerosis

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis, M. D.

(Address) Union Memorial Hosp.

OCT 29 1934

Information should be entered carefully, supplied. Any space should be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06048

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John T Edwards

(a) Residence: No. 1507 E Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City dump

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Oct 29 . 1934

19. UNDERTAKER

(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1934 to Oct 21, 1934

I last saw him alive on Oct 21, 1934 Death is said to have occurred on the date stated above, at 9:0 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia - Pneumococcus III (Saundies)	10/16/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carmichael Lynch, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10826

M. D. B. 1268-9

F 06049

F 06049 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St. 3-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Roundtree

(a) Residence: No. 21 S. Caroline St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 15, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME Henri Roundtree

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Margaret Gardner

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Med College Date Oct 29 19 34

19. UNDERTAKER ...
(Address)

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-16 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-15, 1934, to 10-16, 1934.

I last saw h.. alive on 10-16, 1934. Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	10-15-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) John M. Lynch, Jr. M. D.

(Address) Johns Hopkins Hospital

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06050

F 06050 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 76-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Renstrom

(a) Residence: No. 650 S. Ponca St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 21, 1934

7. AGE Years	Months	Days	If LESS than 1 day, 6 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. /

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation /

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME George Renstrom

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mildred Gonchka

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med College Date Oct 24, 19 34

19. UNDERTAKER .....
(Address)

20. FILED 10 29 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-21, 1934 to 10-21, 1934

I last saw h. alive on 10-21, 1934 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	10-21-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. M. Spence Jr. M. D.

(Address) Johns Hopkins Hospital

INFORMATION should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

F 06051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06051

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Franklin Square Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sabena Shoch

(a) Residence: No. 835 W. Lafayette ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Shoch

6. DATE OF BIRTH (month, day, year) 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Nessen Slonaker

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Manner

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Record

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 10/30 1934

19. UNDERTAKER Emil C. Stuber

(Address) Fulton Ave & Fayette

20. FILED 10/29/34 Huntington Wilson MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1934, to 10-27, 1934

I last saw h.. alive on 10-27, 1934 death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Interstitial nephritis	

Other contributory causes of importance:

1. Uremia
2. Myocardial failure
3. Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. L. Somers M. D.

(Address) Franklin Square Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-b

F 060852

060852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 20-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Minnie Z Mulvaney

(a) Residence: No. 2014 Wilkins St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-15-75

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edmund Brown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Boyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 10/30 1934

19. UNDERTAKER Boyle Stanley

(Address) Fulton & Lafayette

22. FILED 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-5-34, 19 to 10-27-34, 19

I last saw her alive on 10-27-34, 19 Death is said to have occurred on the date stated above, at 2a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	10-27-34
Other contributory causes of importance:	
Chronic Cholangeitis	
Chronic Appendicitis	

Name of operation Cholangeitis, Appendectomy Date of 10-13-34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert H. Gleason, M. D.

(Address) Bon Secours Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06053

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No.) St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Lubore

(a) Residence: No. 2408 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER FATHER

13. NAME J. M. Stein

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rebecca Schappio

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Washington D.C. Date 10/22/34

19. UNDERTAKER Act Funeral Inc.

(Address) 1732 E. Lexington St

20. FILED 22 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 . 1934 to Oct 29 . 1934

I last saw her alive on Oct 29 . 1934 Death is said to have occurred on the date stated above, at 1145 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized peritoneal carcinomatosis Source?	Aug 1933
Other contributory causes of importance:	
Toxemia	

Name of operation Colostomy Date of Oct 27

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mark E. Gann, M. D.

(Address) Sinai Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

F 06054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06054

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2281 Bark Hill Ave St. 15-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank E. Holland

(a) Residence: No. 2281 Bark Hill Ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May Holland

6. DATE OF BIRTH (month, day, year) Sept 6-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Silk Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 50

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Holland

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs May Holland

(Address) 2281 Bark Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Oct 30. 1934

19. UNDERTAKER Albert W. Jerezoy

(Address) 440 E. North Ave

20. FILED Huntington Williams Director. Registrar.

OCT 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28th. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1934 to Oct 29th 1934

I last saw him alive on Oct 28th 1934 Death is said to have occurred on the date stated above, at 9:35 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Oct 27

Other contributory causes of importance: Right Side Hemiplegia 1 yrs. duration

WW

Name of operation none Date of .....

What test confirmed diagnosis? Physical signs & Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B. A. Fiesch M. D.

(Address) 3615 Falls Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06055

F 06055 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1710 John St St. 14-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Isaac Clare Gilbert

(a) Residence: No. 1710 John St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Martha Jane Gilbert

6. DATE OF BIRTH (month, day, year) April 8-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hair worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Havre De Grace Md

FATHER

13. NAME William Gilbert

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Jane Baker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Howard Gilbert
(Address) 1710 John St

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 10/30/34

19. UNDERTAKER Geo. E. Boyer & Son
(Address) 512 Dolphin St.

20. FILED ... Huntington Williams Asst. Registrar

OCT 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1934 to Oct 28 1934

last saw h... alive on Oct 27 1934. Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance:	over
Senility	10 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Edw. Talbott M. D.

(Address) 2026 Eutaw Pl

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 06056

F 06056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Riverside Ave St., 2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr William C Bayne Jr

(a) Residence: No. 1011 Riverside Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Carrie E Bayne

6. DATE OF BIRTH (month, day, year) May 24 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME William C Bayne Sr.

14. BIRTHPLACE (city or town) (State or country) Belfast Ireland

MOTHER

15. MAIDEN NAME Mary Connelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr Carrie E Bayne wife

(Address) 1011 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Oct 30 1934

19. UNDERTAKER John F Denny

(Address) 715 Lex 4 8

20. FILED Huntington Wilkens Registrar

OCT 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25 1934 to Oct. 26 1934

I last saw him alive on Oct. 26 1934. Death is said to have occurred on the date stated above, at 8:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus and Stomach (Indef.)	
Other contributory causes of importance: Exhaustion	10/25/34

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Campbell M. D.

10/29/34 (Address) 1644 Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-9 F 06057

F 06057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Grantley Rd 15-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Emma R Stoll

(a) Residence: No. 3601 Grantley Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr Charles J Stoll

6. DATE OF BIRTH (month, day, year) July 28 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

FATHER

13. NAME Frederick Brulle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Griemeisen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT E. Wilbert Stoll (Son)
(Address) 95d ave Brooklyn Park md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 30, 1934

19. UNDERTAKER John F Penny
(Address) 715 Light St

[illegible] Huntington Williams N.D.

CT 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st, 1929 to Oct. 27th, 1934

I last saw her alive on October 25th, 1934. Death is said to have occurred on the date stated above, at 9 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Heart Failure	10/27/34
Other contributory causes of importance Diabetes & Arteriosclerosis	5 years
	8/1/34

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. E. Poullon M. D.

(Address) 3909 Gamson Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1-49 F 06058

F 06058

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH South Baltimore General Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St) (Ward) 24

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Carrie Cecil Bradshaw

(a) Residence: No. 627 E Clement St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — (or) — WIFE of J. Costin Bradshaw

6. DATE OF BIRTH (month, day, year) March 27 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tangier Va

FATHER

13. NAME John Thomas Dise

14. BIRTHPLACE (city or town) (State or country) Tangier Va

MOTHER

15. MAIDEN NAME Bettie F Spence

16. BIRTHPLACE (city or town) (State or country) Tangier Va

17. INFORMANT Rev J. T. Dise
(Address) 627 E Clement st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 31 1934

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

Huntington Williamsport, Md

OCT 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from August 26 1934 to Oct. 27 1934

I last saw her alive on Oct 27 1934 Death is said to have occurred on the date stated above, at 6:30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocordial failure	
Cardiovascular Renal Disease	
Malignant Hyper tension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Webb M. D.
(Address) 1213 Light St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-[illegible]-[illegible]

F 06059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06059

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1947 W. Lexington St. 26-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Allen

(a) Residence: No. 1947 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Albina P. Allen

6. DATE OF BIRTH (month, day, year) Sept. 4, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

MOTHER FATHER

13. NAME John C. Allen

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Frances Fisher

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. John D. Allen
(Address) 1947 W. Lexington St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick Md Date Oct 30, 1934

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

Huntington, West Virginia
(Registrar)

OCT 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1934.

22. I HEREBY CERTIFY, That I attended deceased from 10/17, 1934 to 10/28, 1934

I last saw him alive on 10/28/, 1934 death is said to have occurred on the date stated above, at 10.15 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Arteriosclerosis —	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) R. Keller Hemming M. D.

(Address) 2000 Hollins St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1930

F 06060

F 08060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 9-C Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Schmidt

(a) Residence: No. 1841-Hope Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of John Schmidt

6. DATE OF BIRTH (month, day, year) Nov. 16, 1859

7. AGE	Years	Months	Days	If LESS than 1 day XXXXX or min.
	74	11	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Antone Tillman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary (Unknown.)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances Hufnagel

(Address) 1841-Hope Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 10/30/34

19. UNDERTAKER Henry J. Rothgeb & Son

(Address) 1735-Harford Ave.

20. FILED OCT 30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3304 m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Accidental Fract L Femur

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Sept 11, 34

Where did injury occur? 1841 Hope St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of Injury Fract L Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. P. Vernon M.D. Coroner M. D.

(Address) 1215 Fallsway Balto. Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 126

F 06061

F 06061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 5-A (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 65 yrs. mos. ds.

2. FULL NAME Otto Fauser (Flugge)

(a) Residence: No. 421 N Exeter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fauser (O'Brien)

6. DATE OF BIRTH (month, day, year) April 17, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer of Leather

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Fauser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Schoenstadt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Fauser

(Address) 421 N. Exeter St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 10/30/34 19

19. UNDERTAKER George J. Ruth Sons

(Address) 215 Hanover St

OCT 30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from October 24 . 1934 to October 27 . 1934

I last saw him alive on October 24 . 1934 Death is said to have occurred on the date stated above, at 3 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid	10/27-34

Other contributory causes of importance:

Marked cachexia and anemia

Metastatic carcinoma of liver

unknown.

Name of operation Exploratory laparotomy Date of 10/26/34

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Charles Moore . M. D.

(Address) Mercy Hospital, Baltimore.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 2

F 06062

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06062

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2013 S. Hanover St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank N. Smith

(a) Residence: No. 2013 S. Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word): Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of: Susan E. Smith

6. DATE OF BIRTH (month, day, year): Dec 4th 1859

7. AGE: Years 74 | Months 10 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 050

10. Date decedent last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 50yrs

12. BIRTHPLACE (city or town) (State or country): Phila Pa

FATHER

13. NAME: Mr Smith

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: "

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: John B. Smith (Son)

(Address) 3006 Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Oct 31st 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED OCT 30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30 '34 to Oct 29 1934

I last saw ~~him~~ her alive on Oct 28 1934 Death is said to have occurred on the date stated above, at 3:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Gradual
Other contributory causes of importance: Acute Myocarditis	10/28/34

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

10/29/34 (Signed) H. B. Litton M. D.

(Address) 315 S. Highland Ave

AACo. S-81 2508

F 06063

F 06063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. Baltimore Mercy St. 24-01 Ward)

Registered No. 46
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Gerste

(a) Residence: No. 1403 Hanbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Gerste

6. DATE OF BIRTH (month, day, year) Nov 8th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 54	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria-Hungary

FATHER

13. NAME Zonnah

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, REMOVAL Place Holy Cross Cemetery Date 10/31 1934

19. UNDERTAKER Wm. F. Baglan
(Address) 1536 Poplar Grove St

20. FILED OCT 29 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-26-34, 19..., to Oct 29, 1934

I last saw her alive on Oct 29, 1934 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Probably Carcinoma?	

Other contributory causes of importance:

Myocardial failure	
Chronic passive Congestion	
Hypostasis	
Ascarsis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) C. L. Sanders, M. D.

(Address) Franklin Square Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CT 29 1934

M. D. B. 1268-9

06064 HEALTH DEPARTMENT—CITY OF BALTIMORE E06064

87-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Ruckert ave 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Capt. Robert L. Brown.

(a) Residence: No. 2913 Ruckert ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Brown

6. DATE OF BIRTH (month, day, year) Sept. 9th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tow Captain 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rudville Va.

FATHER

13. NAME Wm T. Brown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Burdana ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Anna E. Brown wife

(Address) 2913 Ruckert ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 31 . 19

19. UNDERTAKER Tilly & Zuber Inc.

(Address) 1201 E Baltimore St

FILED 19 Registrar

C 1301634

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16 . 1934 to Oct 28 . 1934

I last saw him alive on 10/28 . 1934 Death is said to have occurred on the date stated above, at 5 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sylvia A. Fellers M. D.

(Address) 5703 Harford Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 3-9 F 06065

F 06065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 N. Madiera St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edna Marie Stancliff

(a) Residence: No. 425 N. Madiera St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Stancliff

6. DATE OF BIRTH (month, day, year) June 10-1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME William Gould

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Kelly

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Harry Stancliff
(Address) 425 N. Madiera St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Oct. 31/34 19

19. UNDERTAKER Wm. G. Miller & Son
(Address) 2384 Jefferson St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 25 19 34 to October 28 19 34
I last saw her alive on October 25 19 34 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	Sept. 17

Other contributory causes of importance:

Auricular Fibrillation	Unk

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Dr. C. Parker Lent M. D.

(Address) 316 N. Patterson Pk.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B.-1265-9

Farman Paul

06066 **HEALTH DEPARTMENT—CITY OF BALTIMORE** P06066

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Farman Paul

(a) Residence: No. 2318 E. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilhelmina (dead)

6. DATE OF BIRTH (month, day, year) July 30, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Farman Paul

14. BIRTHPLACE (city or town) (State or country) Maine

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Balt Co Md.

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date Oct. 31 1937

19. UNDERTAKER Mrs. E. Miller

(Address) 2034 Jefferson St.

20. FILED [illegible] 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 28 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6 1934 to Oct 28 1937

I last saw h[illegible] alive on Oct 28 1937 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency & congestive failure	7 Hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. D. Riegel M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate. State nature of business in plain terms, so that it may be properly classified. Exact statement of

T 5 3

V

[illegible]

M. D. B. 126

F 06067

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06067

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Vol. of America Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? 27 yrs. mos. ds.

2. FULL NAME GOLDIE GUSS

(a) Residence: No. 4328 REISTERSTOWN RD. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of JOSEPH

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME ISAAC KLEIN

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME LEAH —

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT HUSBAND

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place HEBREW HERRING RUN 10/31/34 19

19. UNDERTAKER Jack Leuro Inc.

(Address) 1439 E. Balto St

20. FILED 11/1 . 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29/34. 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina Pectoris

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wayne Zeller . M. D.

Coroner

(Address) 2763 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06068 ✓ 23 06068

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 Clifton Ave. St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Estalena Helm

(a) Residence: No. 2904 Clifton Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edgar E. Helm

6. DATE OF BIRTH (month, day, year) Oct. 25, 1885.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME Joel Capps

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Sarah E. Beacham

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Mr. Edgar E. Helm (Address) 2904 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Oct. 30, 19 34

19. UNDERTAKER Ferry & Hunter (Address) 101 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 . 1930 to Oct 27 . 1934

I last saw her alive on Oct 27 . 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov 19 1930

Other contributory causes of importance:

Hypostatic

Name of operation none Date of

What test confirmed diagnosis? Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jabez L. Packard M. D.

(Address) 1219 Poplar Grove

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

06069 HEALTH DEPARTMENT—CITY OF BALTIMORE 06069

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Ramsay St. St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Clopein

(a) Residence: No. 1921 Ramsay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Clopein

6. DATE OF BIRTH (month, day, year) June 1, 1891.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Weigel

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Anna Kahlein

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT John H. Clopein

(Address) 1921 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Oct. 31, 19 34

19. UNDERTAKER Harry J. Whitlock

(Address) 1101 Edmondson Ave.

20. FILED 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1934 to Oct 28, 1934

I last saw h.e alive on Oct 28, 1934 Death is said to have occurred on the date stated above, at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10/23/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. N. Burgess M. D.

(Address) 1326 W. Lombard St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1368-9

F 06070

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06070

CERTIFICATE OF DEATH

156

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 213 Smithson St. 14-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Maggie Bennett

(a) Residence: No. 213 Smithson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE: Years 50 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) N. C.

FATHER
13. NAME Nelson
14. BIRTHPLACE (city or town) ..... (State or country) N. C.

MOTHER
15. MAIDEN NAME Jane West
16. BIRTHPLACE (city or town) ..... (State or country) N. C.

17. INFORMANT Lee McMillan
(Address) 213 Smithson

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Oct 31. 1934

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Presstman st.

20. FILED Oct 29 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1 Month

Other contributory causes of importance:

Rheumatism	2 months

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Brown (Coroner) M. D.
(Address) Brown

OCCUPATION is very important. See instructions on back of certificate.

F 06071

F 06071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Lombard & Green St., 20-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Townsend Franklin

(a) Residence: No. 2001 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella L. Townsend (Tiffany)

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Plumber

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Henry Bowlin (Address) 2001 W. Pratt st

18. BURIAL, CREMATION, OR REMOVAL Place Western Date 10/31, 1934

19. UNDERTAKER Geo. Weber & Son (Address) 2503 Edmondson Ave

20. FILED 10-30-1934, 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 16, 1934, to October 29, 1934

I last saw h.. alive on October 29, 1934 Death is said to have occurred on the date stated above, at 9:20 Am.

The principal cause of death and related causes of importance were as follows:

Squamous cell Carcinoma of Right Lung (Primary)

Date of onset

Other contributory causes of importance:

Emphysema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) University Hospital

STATISTICAL USE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06072

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Greenmount ave. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin P. Bossom

(a) Residence: No. 1913 Greenmount ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Bossom

6. DATE OF BIRTH (month, day, year) June 7, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Abram Bossom

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Martha Bossom

(Address) 1913 Greenmount ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Forrestone, Baltimore Date Oct. 30 1934

19. UNDERTAKER J. Leroy Stiffler & Inc.

(Address) 1356 North ave.

20. FILED [illegible] Registrar.

OCT 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22nd 1934 to Oct 27th 1934

I last saw h[illegible] alive on Oct 27th 1934 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 22nd 1934

Other contributory causes of importance:

Myocarditis

Name of operation None Date of

Autopsy? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas Shepard M. D.

(Address) 4016 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1961

F 06073 G— F 06073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Johns Hopkins Hosp 6-ab St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Chas. W. McLaundy

(a) Residence: No. 217 N. Port St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Christina McLaundy

6. DATE OF BIRTH (month, day, year) May 30 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 63
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roth Printing Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME James R. McLaundy
14. BIRTHPLACE (city or town) (State or country) Wash D. C.

MOTHER
15. MAIDEN NAME Ida Heuisler
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Emma Bauernfeind
(Address) 217 N Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hem Date 10/31/34 19

19. UNDERTAKER Philip Stewart Sons
(Address) 2416 Eastern Ave

20. FILED OCT 30 19 S. ..... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:15 p m.

The principal cause of death and related causes of importance were as follows:

Crushed Chest
Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of .....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/27, 1934
Where did injury occur? Fayette & Monford Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Auto struck him as he was
Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph O'Konny M. D.
(Address) 2200 E Madison St

M. D. B. 1268-9 F 06074

F 06074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06074

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 E. Thirty second St. Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Alexander

(a) Residence: No. 1926 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. J. M. Alexander

6. DATE OF BIRTH (month, day, year) Oct. 10th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

FATHER

13. NAME Thomas A. Denton

14. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

MOTHER

15. MAIDEN NAME Rachael Margaret Hildt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Nelson E. Eichler

(Address) 1619 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Lakewood Cemetery Date Oct. 31st 1934

19. UNDERTAKER Frederick Sasalmon Son

(Address) 704 Edmondson Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1934 to Oct 27 1934

I last saw her alive on Oct 27 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Chas. Feeley M. D.

(Address) 1523 E. Monument St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OCT 30

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 66875

CERTIFICATE OF DEATH

66075

1. PLACE OF DEATH 4014 Dorchester Rd. Registered No. 23

CITY OF BALTIMORE: (No. 4014 St. 15-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. 9 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Thomas Benton Dawson

(a) Residence: No. 4014 Dorchester Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Dawson

6. DATE OF BIRTH (month, day, year) Jan 18-1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy. 086

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thos B Dawson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Catherine Levy

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo D Dawson

(Address) 5615 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place W. Lawn Cem Date Oct 31st 1934

19. UNDERTAKER Kerby & Hyde

(Address) 2101 E. Monument St.

20. FILED Nov 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-26-, 1934 to 10-29-, 1934

I last saw h i alive on 10-29-, 1934 Death is said to have occurred on the date stated above, at 4.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis.	Aug 1932
Other contributory causes of importance: Cardiac insufficiency	10-28-34

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lloyd E. Taylor, M. D.

(Address) 3957 York Rd, City

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

OCT 30 1934

M. D. B 1268-9

F 06076

HEALTH DEPARTMENT—CITY OF BALTIMORE

06076

CERTIFICATE OF DEATH

✓ 75

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martin P. Smith

(a) Residence: No. 4100 Eierman Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coast Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. 686

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Patrick Smith

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Cocoran

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Hogg (Cousin)
(Address) 4100 Eierman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Oct 31 19 34

19. UNDERTAKER Rita Winfield
(Address) 914 Greenmount Ave

20. FILED OCT 30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 1 a 10 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulm Odema	
Dilated Right Heart	

Other contributory causes of importance:

Acute & Chr Alcoholism	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) John Cason , M. D.
Coroner

(Address) 5-08 6 Months

M. D. P. 1268-9

✓ F 08077

F 08077 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. East ave St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard L Hutchinson

(a) Residence: No. 606 N. East ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Hutchinson

6. DATE OF BIRTH (month, day, year) April 1, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector of Buildings

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joshua Hutchinson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Ferguson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Myrtle Godwin

(Address) 606 N. East ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore cem. Date Oct. 31 1934

19. UNDERTAKER George M. Zickler

(Address) 1737 E. Eager St.

20. FILED . 19 Registrar.

OCT 30

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Mch 15 . 1934 to Oct 28 . 1934

I last saw h[illegible] alive on Oct 27 . 1934 Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	Oct 28

Other contributory causes of importance:

Uremic Poisoning, Chronic Nephritis, Cardiac Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan B Penman . M. D.

(Address) 1107 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. H. F. 1968-9

F 06075 ALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 210-F 06078

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Charles A G Stoever

(a) Residence: No. 3419 O'Donnel St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 22, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	21	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Attdt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 886

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm Stoever

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Rose Limbert

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Wm Stoever

(Address) 3419 O'Donnel St

18. BURIAL, CREMATION, OR REMOVAL

Place Zion Cemetery Date Oct 31, 1934

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St.

20. FILED OCT 30 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ngng, 19..., to ..., 19...

I last saw h... alive on ngng, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/27, 1934

Where did injury occur? Linwood & Foster Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury auto in which he was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner C. M. D.

(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

06079

HEALTH DEPARTMENT—CITY OF BALTIMORE

06079

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N. Ellwood ave St.) (Ward) 6-01

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank G. Bosse

(a) Residence: No. 311 N. Ellwood ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Detyn Bosse

6. DATE OF BIRTH (month, day, year) June 29 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barell Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 926

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Bosse

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Adens

16. BIRTHPLACE (city or town) (State or country) Gumany.

17. INFORMANT Anna Bosse
(Address) 311 N. Ellwood av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct. 31, 1934

19. UNDERTAKER John A. Logan
(Address) 3000 E. Balto St.

20. FILED OCT 30 1934 Hunter Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1-1933. 19 . to Oct 28-1934. 19 .

I last saw h[illegible] alive on Oct 28-34. 19 . Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	June 1933

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. N. Herrmann M. D.

(Address) 2913 E. Baltimore St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 126

F 06080

29197

F 06080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Elmer Jorbeck

(a) Residence: No. 1736 Clarkson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ... (Oct 24, 1930)

6. DATE OF BIRTH (month, day, year) Oct 24, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... (00)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) ... (State or country) Md.

FATHER

13. NAME Albert Jorbeck

14. BIRTHPLACE (city or town) ... (State or country) Md

MOTHER

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) ... (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Oct 30, 1934

19. UNDERTAKER C. Howard Evans
(Address) 3 E. Madison Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Oct 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-25, 1934 to Oct-29, 1934

I last saw him alive on Oct-29, 1934 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 da
Prematurity	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Francis D. Schweinhaker M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06081

F 06081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 E. 25th St., St., 12-6! Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret J. Wells.

(a) Residence: No. 117 E. 25th. St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Wells.

6. DATE OF BIRTH (month, day, year) Sept. 12, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Lawrence Rigger.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Martha Dinsmore,

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mr. Walter Wells,
(Address) 117 E. 25th. St.,

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date 10/31 1934

19. UNDERTAKER Henry A. Mayo Son.
(Address) 805 N. Calvert St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3rd, 1934, to Oct 29th, 1934
I last saw h[illegible] alive on Oct 28th, 1934 Death is said to have occurred on the date stated above, at 3a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Oct 24th
Chronic Interstitial Nephritis	1934 ?

Other contributory causes of importance:

Myocarditis.

Name of operation None Date of

What [illegible] Examination was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Geo Morgenroth 3rd M. D.

(Address) 401 E 25th St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 06082 ✓ F 06082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-002

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Like mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Male Infant Palandy

(a) Residence: No. 1635 Monmal Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND: of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 21, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9 8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Howard Palandy

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Frances Mueller

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs Lei. Mueller.

(Address) 4208 Belvidere Ave Overlea

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Oct. 31st 19

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 E W Fayette St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 22, 1934 to October 30, 1934

I last saw him alive on October 30, 1934 Death is said to have occurred on the date stated above, at 0 40 m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Congenital encephalo meningocoele.	
2. Hemorrhage in left side of cervical cord	

Other contributory causes of importance:

Name of operation Excision of meningocele Date of 10 22 34

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F W Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1200

F 06083

✓ F 06083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 76-01 St., Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Zeller.

(a) Residence: No. 3510 Pt. ait. St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Zeller.

6. DATE OF BIRTH (month, day, year) July 12th 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Zeller

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Christina Winterling

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frances Zeller (Wife)
(Address) 3510 Pratt ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov. 2 . 1934

19. UNDERTAKER Lilly & Zeller Inc.
(Address) 113 So. Howard St

20. FILED Nov 1 . 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, . 1934 to Oct 28 . 1934.
I last saw him alive on Oct 28 . 1934 Death is said to have occurred on the date stated above, at 2:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of brain	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L J. Abramowitz M. D.
(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 307

F 06084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

42

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary N Martin

(a) Residence: No. 1438 Argyle Ave St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	aa	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1930?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward Martin

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martin

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Father

(Address) 1438 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date Oct 30 1934

19. UNDERTAKER Adolphus Halstad

(Address) 462 Druid Hill Ave

20. FILED 10- -34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28- 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-26 1934 to 10-28- 1934

I last saw h alive on 10-28- 1934. Death is said to have occurred on the date stated above, at 1.30 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Repeated convulsions Patient remained in an unconscious state since admission.	
Other contributory causes of importance: Ascaris lumbricoides	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond Harris M. D.

(Address) 1007 N Carrollton Av.

OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. P. 1269-9

F 06085

HEALTH DEPARTMENT—CITY OF BALTIMORE

06085

CERTIFICATE OF DEATH

X 181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 15-01 St. Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth S. Ossman

(a) Residence: No. Fulton, Maryland. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 13-1853.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Saker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Micha A. Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT F. L. Ossman (son)
(Address) Fulton, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Fulton Md Nov 2 1934

19. UNDERTAKER Lloyd Kaiser
(Address) Laurel Md.

20. FILED 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns	Oct. 29 1934
Other contributory causes of importance:	
Accident	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct. 29, 1934

Where did injury occur? Fulton, Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Clothes ignited as she lighted fire

Nature of injury Fatal burns over body

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 South Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 06086

F 06086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Natural ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Henry Heart

(a) Residence: No. Marlborough Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 6, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Moses Heart

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Charlotte Neuburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. A. Heart
(Address) 907 Chauncey Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Friendship Date Oct. 31 1934

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED Oct 31 1934 Registrar.

OCT 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1933 to Oct. 29 1934

I last saw h— alive on 10-29 1934 Death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
acute Cardiac Dilatation	

Other contributory causes of importance:

arteriosclerosis	
senility	
chronic myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Bernard Cohen M. D.

(Address) Marlborough Apts.

V 6 3 OCCUPATION is very important. See instructions on back of certificate. Exact statement

F 06087

M. D. Number F 06087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. St. 13-01 Ward)

Length of residence in city or town where death occurred Lifetime yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alma H. Block

(a) Residence: No. Esplanade Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maurice D. Block

6. DATE OF BIRTH (month, day, year) Feb. 15, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Maurice Heller

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie Shakman

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. M. B. Block

(Address) Esplanade Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date Nov. 1 1934

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED Nov 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1934 to Oct 1934

I last saw her alive on Oct 30 1934 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 year
Other contributory causes of importance:	
Acute dilatation of heart	1 day

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Lutz M. D.

(Address) Temple Harder Apts.

V S 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. No. F 06088

✓ F 06088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212 S. East ave St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Busch.

(a) Residence: No. 212 S. East ave St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Busch

6. DATE OF BIRTH (month, day, year) July 2 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeping

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Fred Zink

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Henry Busch Husband
(Address) 212 S East ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 2 . 1934

19. UNDERTAKER Lilly - Zeller Funl Dir
(Address) 723 N Howard St.

20. FILED Nov 2 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1934 to Oct 30 1934

I last saw h[illegible] alive on Oct 29 1934 Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia bilateral	3 days
Other contributory causes of importance (Myocarditis (Chronic)	1932

Name of operation None Date of

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Lemuel B Wolfe M. D.

(Address) 1331 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9

F 06083

06089 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1213 Ensor St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Fleckenstein

(a) Residence: No. 1213 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas. P. Fleckenstein

6. DATE OF BIRTH (month, day, year) Feb. 14, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Phillip Smith

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Emma Marie Schweitzer

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Chas. P. Fleckenstein

(Address) 1213 Ensor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/31 1934 Interment

19. UNDERTAKER George L. Rush Inc.

(Address) 1735 Harford Ave.

20. FILED Nov 1 1934 Registrar.

T 20 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 4-12-1928 to 10-28-1934 I last saw her alive on Oct. 26, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis Arterial hypertension	Unknown
Other contributory causes of importance:	
Myocardial Insufficiency	2 days

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Gilbert, M. D.

(Address) 2802 Harford Ave.

M. D. B. 1768-9

06090 F 06090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Linden Ave. St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. 10 mos. 18 dys. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Stewart Chesney

(a) Residence: No. 1617 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Vanderbilt

6. DATE OF BIRTH (month, day, year) Dec. 11. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. in Balto. City Court

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Chesney

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Sarah Stewart

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bessie V. Chesney
(Address) 1617 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemy. Date Nov. 1. 1934

19. UNDERTAKER John O. Stitcutt Sons
(Address) 1900 Eutaw Place

20. FILED Nov 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 . 1934

22. I HEREBY CERTIFY, That I attended deceased from For 15 years prior to Oct 29 1934
I last saw h— alive on Oct 29 . 1934 Death is said to have occurred on the date stated above, at 915 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Contro-Vascular Disease	2 yrs

Other contributory causes of importance:
Acute Dilatation of Heart

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — . 19 ....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Standish McKelvey . M. D.

(Address) 1609 Linden Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 06091 F 06091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 404 Lyman Ave. St., 27-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Newton

(a) Residence: No. 404 Lyman Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Newton

6. DATE OF BIRTH (month, day, year) Oct. 21. 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Sampson Newton

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Geo. W. Newton
(Address) 404 Lyman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemy. Date Oct 31. 34

19. UNDERTAKER John C. Whitehill & Sons.
(Address) 1900 Eutaw Place

20. FILED 10-31-34 Hamilton, Milwaukee, Wis. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1920 to Oct 29 1934

I last saw h[illegible] alive on Oct 28 1934 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920
Chr. Nephritis	1930
Cerebral Hemorrhage	1930

Other contributory causes of importance:

Acute Cardiac Dilatation	1934

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. H. Bishop M. D.

Oct 29 (Address) 501 Cherdonia

M. D. B. 1268-9

F 06092

F 06092 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kathryn Pruett

(a) Residence: No. 615 Dumbarton St., Ward. Baltimore City.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 25, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
12 YRS	1 mo.	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, City.

FATHER

13. NAME Walter Pruitt.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Lutie Magness

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Walter Pruett
(Address) 615 Dumbarton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cloudcroft Date Nov. 2, 1934

19. UNDERTAKER Martin Fahey & Son
(Address) Hamilton Ave & Fulton

[illegible] 1934 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934, to October 29, 1934

I last saw her alive on 10/29/34, 19... Death is said to have occurred on the date stated above, at 12 1/3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis Lenta	7 Mos
Embolic Pneumonia - Left	
Embolic Nephritis with Uremia	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06093

46

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 130 S Mount St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Herrick

(a) Residence: No. 130 S Mount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. S Herrick

6. DATE OF BIRTH (month, day, year) Oct 31 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jos. Riehl

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs Ely. Hurtt

(Address) 1027 Reyelad Grove

18. BURIAL, CREMATION, OR REMOVAL London Park Cem Date 10/31, 1934

19. UNDERTAKER Geo A Fahey

(Address) Interim Asst Hagerstown

Date of Filing OCT 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1934 to Oct 28, 1934

I last saw h alive on Oct 27, 1934 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Coronary thrombosis	8/21/34
Other contributory causes of importance: Pulmonary edema	10/26/34

Name of operation Laparotomy Date of 8/22/34

What test confirmed diagnosis? Yolande Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L Kaufman M. D.

(Address) 721 Madison Ave

OCCUPATION is very important. See instructions on back of certificate. 12-3-34

V S 3

A4Co. 5-31 250B

F 06094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06094

CERTIFICATE OF DEATH

99

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1739 N. Patterson Park Ave Ward) 6-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine York

(a) Residence: No. 1739 N. Patterson Park Ave, ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Charles E. York

6. DATE OF BIRTH (month, day, year) Sept-18-1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME William Garrett

14. BIRTHPLACE (city or town) unknown (State or country)

MOTHER

15. MAIDEN NAME Julia Wilson

16. BIRTHPLACE (city or town) Balto. Co. (State or country) Md.

17. INFORMANT Mrs. Stanley E. Perkins

(Address) 1739 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn, Chase, Md. Date Oct 31, 1934

19. UNDERTAKER Wagner & Jones Sons

(Address) 4 W. Lafayette Ave

20. FILED Oct 30 1934, 19... Huntington Williams, M.D. Registrar.

30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1934, to Oct 28, 1934

I last saw her alive on Oct 28, 1934 death is said to have occurred on the date stated above, at 10:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Oct 28

Other contributory causes of importance:

Cardiac & Respiratory Failure

Name of operation physical therapy Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify ...

(Signed) H. E. Magruder, M. D.

(Address) 1211 N. Park Pk

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 06095

F 06095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5606 York Road St. 27-61 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lina M. Blaszkowski Schroeder

(a) Residence: No. 5606 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1, 1883

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
51	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Friedrich Blaszkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Fuchs

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frieda L. Schroeder (SISTER)

(Address) 5606 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 1-34

19. UNDERTAKER Harry H. Kuhle

(Address) 6101 Edmondson Ave.

FILED 19 Huntington Williams, M.D.

NOV 1 1934 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934 to Oct. 30, 1934

I last saw her alive on Oct. 30, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	[illegible]
Other contributory causes of importance: Hemiplegia R side	2 hrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Nat Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H C Kress, M. D.

(Address) 5600 York Rd

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06096

06096 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06096

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 29-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Humphreys

(a) Residence: No. 35-05 Echodale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Humphreys (Dead)

6. DATE OF BIRTH (month, day, year) June 21, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Lorenzo Humphreys

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Hilda Hartman

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn York Date 11/2 1934

19. UNDERTAKER Wm Cook (Address) 124 St Paul St Huntington W. Va.

20. FILED 11-3-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1934 to Oct 30, 1934

I last saw him alive on Oct 30, 1934 Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, rheumatic & arteriosclerosis and pneumonia	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. P. Magee M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—1a. F. S.—500 Bks.

F 06097 HEALTH DEPARTMENT—CITY OF BALTIMORE **F 06097**

120

CERTIFICATE OF DEATH

1—PLACE OF DEATH Children's Hospital School — REGISTERED NO. _____

CITY OF BALTIMORE: (No. Greenspring Ave & 41st ST. 27-21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Joseph Mohr

(a) RESIDENCE NO. 3115 Sansom Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (month, day, and year) 5-15-28

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Child do

(b) General nature of industry, business, or establishment in which employed (or employer) - - -

(c) Name of employer - - - - -

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER Jacob Mohr

11 BIRTHPLACE OF FATHER (city or town) Middle Run (State or country) Baltimore County

12 MAIDEN NAME OF MOTHER Bartholow

13 BIRTHPLACE OF MOTHER (city or town) Highlandtown (State or country) Baltimore County

14 Informant Parents Mr & Mrs Jacob Mohr

(Address) 3115 Sansom Ave City

15 Filed _____ 19 _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 30 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 3 1934 to Oct 30 1934 that I last saw him alive on Oct 29 1934 and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows:

Stills Disease

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary) Acute Membranous Enteritis

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? Baltimore

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Autopsy

(Signed) Geo. O. Eaton M. D.

19 (Address) 4E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lorraine — DATE OF BURIAL Oct 31st 1934

20 UNDERTAKER Wm Cook — ADDRESS 1217 St Paul st

Huntington Williams

107934

M. [illegible] F 06098 Saturmina Misliuski F 06098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 446
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St. [illegible] Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Saturmina Misliuski

(a) Residence: No. 102 Blossom St Curtis Bay
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced (or) WIFE of Laurence Misliuski

6. DATE OF BIRTH (month, day, year) ? ? ?

7. AGE: Years 67 | Months ? | Days ? | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME ?
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME ?
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross AA Co. Date Oct 31 1934

19. UNDERTAKER John M. Welby
(Address) 4215 S. Chester St

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1934 to Oct 27 1934 I saw her alive on Oct 27 1934 Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:
Carcinoma of liver — Date of onset July 1934

Other contributory causes of importance:
Bronchopneumonia

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel H. Garst M. D.
(Address) Baltimore City Hospitals

M. D. F. No. 9

F 06099

F 06099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Simon Britz

(a) Residence: No. 2008 E Fairmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 5-2-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Britz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie Kling

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Rd Date Oct 31. 1934

19. UNDERTAKER Arl. Swinson & Bro (Address) 1121 2 Baltimore St

20. FILED Oct 31 1934 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10. 1934. to Oct 30. 1934.

I last saw h[illegible] alive on Oct 30. 1934. Death is said to have occurred on the date stated above, at 4:05 A m.

The principal cause of death and related causes of importance were as follows:

Hypertensive - Renal Disease
Hemiparesis - Right.
Arteriosclerosis.

Date of onset

Other contributory causes of importance:

Urinary Tract Infection.

Supra-pubic cysto-lithotomy
Name of operation Date of 10-15-34

Removal of the stone
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David I Edelman M. D.

(Address) Johns Hopkins Hospital

M. D. F 06100 Robinson F 06100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 115-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 1531 Mount St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Robinson

(a) Residence: No. 1531 Mount St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) — 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Dorsey

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles Coadney

(Address) 1531 N. Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 1. 1936

19. UNDERTAKER James A Hayes

(Address) 1142 Wash Ave

20. FILED ... 19... Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 10/26, 1936 to 10/28, 1936

I last saw h... alive on 10/28, 1936. Death is said to have occurred on the date stated above, at 1 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Hypertension	
Terminal	
Cardiac Insufficiency	

Other contributory causes of importance:

Postoperative Complications

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) B. M. Rhett, M. D.

(Address) 2134 Eutaw

M. D. H. 1268-P

F 06101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06101

CERTIFICATE OF DEATH

✓108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence In city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry C. McAbee

(a) Residence: No. 234 S. Highland Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 2

6. DATE OF BIRTH (month, day, year) Aug 1 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	62	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country)

FATHER

13. NAME Thomas A McAbee

14. BIRTHPLACE (city or town) Balto Md (State or country)

MOTHER

15. MAIDEN NAME Mary E — ?

16. BIRTHPLACE (city or town) Balto Md (State or country)

17. INFORMANT Margaret Lewis

(Address) 234 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date Oct 31, 34

19. UNDERTAKER HENRY SANDER & SON, INC. H Sander Son.

(Address) BALTIMORE ST. & BROADWAY

20. FILED 1311934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Polycystic Kidneys	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G Thurgood Corner M. D.

(Address) 1305 N Patterson Park Ave

M. D. F 1268-4

M F 06102

06102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Conrad Dell, Jr.

(a) Residence: No. 111 W. Lee St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) May 25, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher 013

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wernigerode Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT W. M. Mardick
(Address) 715 Light St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Oct 31. 1931

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED ... Registrar.

OCT 1 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 24. 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10/24. 1934
Where did injury occur? Light & Montgomery Sts
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street accident
Manner of injury Struck by auto while
Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

M. D. B. F 06103 F 06103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

151

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1615 Elmtree St. (St.) curtis Bay (Ward) 23-61

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Witte

(a) Residence: No. 1615 Elmtree St. curtis Bay Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Barbara Witte

6. DATE OF BIRTH (month, day, year): Apr. 17 - 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Fritz Witte

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Era Bobitz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Barbara Witte

(Address) 1615 Elmtree St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Nov 1, 1934

19. UNDERTAKER: George W. Zurkler

(Address) 1737 E. Eager St.

Filed 1934 Harrington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1934 to Oct 28, 1934

I last saw h in alive on Oct 27, 1934 Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	?
Hypertrophied Prostate with Gangrene of perineum	10 months
Other contributory causes of importance:	
Embolism to left leg with gangrene	2 days.

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lawrence H. Sers M. D.

(Address) 1009 Annapolis Blvd.

06104 **STATE OF MARYLAND—CERTIFICATE OF DEATH** #06104

1. PLACE OF DEATH 22-0182-001

County City of Balto. Registration Dist. No.

Village or City 5-331 Sumner Ave. Balto No. 5331 Sumner Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. mos. dys. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Emma Schuckle. 1 year in city - (Pikesville)

(a) Residence: No. 5-331 Sumner Ave. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Schuckle

6. DATE OF BIRTH (month, day, and year) July 7. 1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 7	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife 037

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Oct 30 1934 11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (city or town) (State or country) Pikesville Md.

FATHER

13. NAME Johna Causey.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Catherine Hambright

16. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

17. INFORMANT (Address) Mrs. Charles Schuckle. 5-331 Sumner Ave, Balto

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Nov 2 1934

19. UNDERTAKER (Address) Berryman & Sons. Reisterstown Md.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH October (Month) 30 (Day) 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 30 1934 to October 31 1934

I last saw her alive on October 31 1934, death is said to have occurred on the date stated above, at 12.15 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/30/34

Other **Contributory Causes** of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John D. Bubert M. D.

(Address) 4803 Park Heights Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. P. 1268-9

F 06105

F 06105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3134 Virginia Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Glassman

(a) Residence: No. 3134 Virginia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Mordecai —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Clara Caplan (Daughter)
(Address) 3134 Va. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Sinai Cemetery Date 10/31/34 19

19. UNDERTAKER Levi Levin Inc
(Address) 1439 E Balto St

20. FILED OCT 31 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-31-34 19

22. I HEREBY CERTIFY, That I attended deceased from Oct-30 19 34 to Oct-31 19 34

I last saw him alive on Oct 31 19 34 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hon D. Gubert M. D.

(Address) 4803 Pen. Heights Av

M. D. P. F-9 F 06106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06106

CERTIFICATE OF DEATH

195-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth 31 yrs. mos. ds.

2. FULL NAME Toby Steinhorn FREEDMAN

(a) Residence: No. 1556 N. Fulton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Morris Freedman

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Lazer —

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Levi Rosedale Cem Date 10/31/34 19

19. UNDERTAKER Levi Levine Inc

(Address) 1435 E Baltimore St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1934 to Oct 30 1934

I last saw her alive on Oct 30, 1934. Death is said to have occurred on the date stated above, at 8:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardiovascular disease	
Auricular fibrillation	
Cardiac insufficiency	
Gangrene of left leg.	

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard J. Abramovitz M. D.

(Address) Sinai Hospital

F 06107

M. D. P. 126

F 06107

29/043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J23

Red

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14-01 Ward)

Length of residence in city or town where death occurred 2 yrs 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gloria Bridges

(a) Residence: No. 1417 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Child

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Jan. 5, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joshua Bridges

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Myrtle Smith

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 10/31 19 34

19. UNDERTAKER Daniel Easton
(Address)

20. FILED 10/30 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1934 to Oct 28 1934

I last saw her alive on Oct 22 1934 Death is said to have occurred on the date stated above, at 2.10 P. m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis
Tuberculous Meningitis

Date of onset
ab 1 wk
Oct
8 h

Other contributory causes of importance:

Name of operation ..... Date of none

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Lydia B. Edwards M. D.

(Address) Johns Hopkins Hospital

M. D. R. 1268-9

BERKMEYER

HEALTH DEPARTMENT—CITY OF BALTIMORE

06108 F 06108

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Eastern Sanitarium

CITY OF BALTIMORE: (No. Bedford Pl. Brookline St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F Berkmeyer

(a) Residence. No. 1920 N Balt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia Berkmeyer

6. DATE OF BIRTH (month, day, year) Jan 28 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John F Berkmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Faulhaber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs F J Berkmeyer

(Address) 1920 N Bal

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/31/34 19

19. UNDERTAKER J. B. Wagshal Son

(Address) 320 Eutaw Place

OCT 31 1934

19 Registrar, N. P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10 1934 to Oct 27 1934

I last saw h alive on Oct 27 1934 Death is said to have occurred on the date stated above, at 7.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 hr
Other contributory causes of importance:	
Hemiplegia	3 mo

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide None Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) John A Evans M. D.

(Address) 612 N 40

M. D. B 1268-9

F 06108 F 06109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Jones

(a) Residence: No. 1008 N Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm E Jones

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wm E. Jones

(Address) Champlain Va

18. BURIAL, CREMATION, OR REMOVAL

Place Champlain Va Date Oct 31, 1934

19. UNDERTAKER Pierce E Wright

(Address) 1007 Eastern Ave

Filed OCT 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Pulmonary Edema	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Nat Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Attending Physician (Signature) William C. Herzog M.D.

Corner

(Address) 1305 N Atherton Park Va

M. D. F. 1269-9 F 06110 F 06110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Harford Ave 10-01 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Thomas

(a) Residence: No. 809 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Widowed Frederick Thomas

6. DATE OF BIRTH (month, day, year) Not known

7. AGE	Months	Days	If LESS than 1 day, hrs. or min.
~~65~~ 69 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County Md

FATHER

13. NAME Daniel Thomas

14. BIRTHPLACE (city or town) (State or country) Charles County Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Charles County Md

17. INFORMANT Fred. Thomas

(Address) 930 Augusta St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Nov 2nd 1934

19. UNDERTAKER Mrs. B. A. Elliott

(Address) 1129 Aisquith St

20. FILED NOV 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1934 to Oct 29 1934

I last saw her alive on Oct 29 1934. Death is said to have occurred on the date stated above, at 5.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal pneumonia	10-20-34
Other contributory causes of importance:	
Non-tubercular pleurodynia	9-20-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jr. E. Thomas M. D.

(Address) 1822 N. Bond St

M. D. B. 1268-9

F 06111

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06111

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 Madison Ave St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ella Bonaldin

(a) Residence: No. 1513 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of wife James Bonaldin

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Annie Folks

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Estella Exley daughter

(Address) 1513 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date Oct 31st 1934

19. UNDERTAKER Mrs Robert A. Elliott - Daughter

(Address) 1129 Cleveland St

20. FILED ..., 19... Registrar.

Oct 31 1934 Pennington Funeral Home, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 34

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934 to Oct 28, 1934.

I last saw her alive on Oct 27, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	Oct 20 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. S. Allen M. D.

(Address) 567 Aisquith St

M. D. B 1268-9

Schoenweiss

06112

HEALTH DEPARTMENT—CITY OF BALTIMORE

06112

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. City Hospital St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelm Schoenweiss

(a) Residence: No. Balto City Hospitals St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Obermann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date Oct-31-1934

19. UNDERTAKER John C Zyller

(Address) 2035 E Eastend

Filed OCT 31 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

accidental Fracture of L Femur

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Oct 15, 1934

Where did injury occur? City Hospital

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell down on Ward

Nature of injury Fract of L Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 130 N Bethesda Ave Coroner

Instructions on back of certificate. Every question is very important. See

Spec.—9 b 'X' 8 Co—250 Blks

F 06113

F 06113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1500 Madison Ave. 4-01 WARD)

2 FULL NAME Henry Frank Arnold

(a) RESIDENCE NO. 1500 Madison Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	C	Married

5a If married, widowed, or divorced HUSBAND of (~~or wife of~~) Carline Arnold

6 DATE OF BIRTH (month, day, and year) 11-16-80

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	11	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work advertising & Ed

(b) General nature of industry, business, or establishment in which employed (or employer) newspaper

(c) Name of employer The Afro-American

9 BIRTHPLACE (city or town) (State or country) Dayton Ohio

PARENTS

10 NAME OF FATHER Henry Frank Arnold

11 BIRTHPLACE OF FATHER (city or town) Youngstown (State or country) Ohio

12 MAIDEN NAME OF MOTHER Mattie Tollsend

13 BIRTHPLACE OF MOTHER (city or town) Meridian (State or country) Miss

14 Informant Henry F. Arnold (Address) 4426-A W. Belvedere Pl.

15 Filed ..... 19.....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 10-27-34

17 I HEREBY CERTIFY, That I attended deceased from 2-15, 1934, to 10-27, 1934

that I last saw HIM alive on 10-26, 1934

and that death occurred, on the date stated above, at 11:40 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency

(Duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) chronic [illegible] nephritis

(Duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) Rayner Browne M. D.

, 19 (Address) 1500 E. Madison Ave.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Oct. 30, 1934

20 UNDERTAKER Geo. C. Holland

ADDRESS [illegible]

M. D. B. 1933-0 F 06114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06114

CERTIFICATE OF DEATH

124

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hosp. St., 8-C (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Burley

(a) Residence: No. 1010 Arch Alley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary

6. DATE OF BIRTH (month, day, year) May 10 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	10	8 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinner Silk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anna Arundel Co Md

FATHER

13. NAME Columbus Burley

14. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md

MOTHER

15. MAIDEN NAME Lola ?

16. BIRTHPLACE (city or town) (State or country) Ann Arundel Co Md

17. INFORMANT Mary Burley (Address) 1010 Arch Alley

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date Nov. 1 1934

19. UNDERTAKER Mrs. Louise E. Peebles (Address) 1638 E. Mt. Street

FILED NOV 1 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-28-34 19

22. I HEREBY CERTIFY, That I attended deceased from 10-24-34 19 to 10-28-34 19

I last saw h— alive on 10-28-34 19 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracerebral Hemorrhage	Oct 24, 1934
Other contributory causes of importance: Bronchopneumonia	10-27-34

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) Univ. Hosp.

F 06115 Salbeck ✓ F 06115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 300 N. Ellwood Ave. St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George J. Salbeck

(a) Residence: No. 300 N. Ellwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Salbeck

6. DATE OF BIRTH (month, day, year) Nov. 2-1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Salbeck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Barbara Salbeck
(Address) 300 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date Nov. 1/34 19

19. UNDERTAKER E. Miller & Son
(Address) 2334 Gilmor St.

[illegible] Nov 2 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 34

22. I HEREBY CERTIFY, That I attended deceased (from Aug 15 1934 to Oct 30 1934

I last saw him alive on Oct 30 19 Death is said to have occurred on the date stated above, at 5 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	indefinite
Other contributory causes of importance: Cerebral Hemorrage	1 Day

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Cl Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ... 19 ...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify

(Signed) J. T. Kyper M. D.

(Address) 3321 Federal Ave.

M. D. F 06116 ✓ F 06116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 5-01 Ward)

Length of residence in city or town where death occurred 2 yrs. 6 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Howard White

(a) Residence: No. 325 Forrest st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 25, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 07

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Rayfield

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Cem. Date 11-1st 1934

19. UNDERTAKER Bryant & Jamie W. Wright
(Address) 1218 E. Oldesy St.

20. FILED 11/1/1934 Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1933 to October 29, 1934
I last saw him alive on October 29, 1934 Death is said to have occurred on the date stated above, at 11.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. F 06117 ✓ M F 06117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Veil Hos St., 15-01 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Frank Kuekue

(a) Residence: No. 2034 Braddish Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian Marie Kuekue

6. DATE OF BIRTH (month, day, year) Dec. 16, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Ruler.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. Vruber Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 06

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

FATHER

13. NAME John Kuekue

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Maude ?

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Lillian M. Kuekue

(Address) 2034 Braddish Ave

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date Nov. 1, 1934

19. UNDERTAKER Wm Tickner Sons

(Address) Howard & Pulaski Sts.

20. FILED OCT 31 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from inquiry + autopsy to inquiry + autopsy, 19

I last saw him alive on inquiry + autopsy Death is said to have occurred on the date stated above, at 2.30 A.m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/25/1934

Where did injury occur? North Ave + Braddish Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph P Kenny Coroner M. D.

(Address) 2100 E. Madison St

M. D. H. 1208-9

✓ F 06118

06118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. St. 13-01 Ward)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Meyer S. Halle

(a) Residence: No. Esplanade Apts. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie M. Halle

6. DATE OF BIRTH (month, day, year) Jany. 31, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Merchant 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Simon Halle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Schwab

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr. I. Halle 1904 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Place Balto. Hebrew Cem. Date Nov. 1 1934

19. UNDERTAKER Lloyd Landsman & Son (Address) 1902 Eutaw Place

20. FILED ..... 19.. Registrar.

NF 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1932 to Oct. 30 1934

I last saw him alive on Oct 29 1934 Death is said to have occurred on the date stated above, at 7 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma (Hemangio-endothelioma) Left Leg and Metastasis	1928
Other contributory causes of importance: Cutaneous Sarcomatosis	1933
Retroperitoneal Sarcomatosis	Oct 27 1934
Pulmonary Sarcomatosis	

Name of operation Amputation L. Leg Date of Nov 31 33

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 1207 Eutaw Place

M. D. B. 1268-9

✓ F 06119

06119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital 3-81 Ward)

Length of residence in city or town where death occurred Lifetime. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leon C. Coblens

(a) Residence: No. Emersonian Apts. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice Pres. 056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. May Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles Coblens

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Lillie Wurtzburger

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Cohn
(Address) 2316 Mt. Royal Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Beth Shalom Date Nov. 2, 1934

19. UNDERTAKER Harold Sondheim & Son
(Address) 1912 Eutaw Place

20. FILED [illegible] Registrar.

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1934, 19 , to October 31, 1934, 19

I last saw h[illegible] alive on October 31, 19 34 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tongue with Metastases to glands of neck.	?
Hemorrhage Cardiac Exhaustion	?

Other contributory causes of importance:

Name of operation Block dissection of neck Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Levin, M. D.

(Address) Lutz Cornish

M. D. F. 12

F 06120

F 06120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospitals

CITY OF BALTIMORE: (No. ..... St., 6-0 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Parrish Martin

(a) Residence: No. 218 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Martin

6. DATE OF BIRTH (month, day, year) Nov. 4, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ella Henderson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hosp. Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date 10-31- 1934

19. UNDERTAKER Robert Brooks & Son
(Address) Baltimore & Hollins sts

Filed ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 24, 1934 to Oct. 27, 1934

I last saw him alive on Oct. 27, 1934 Death is said to have occurred on the date stated above, at 10½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm. Tuberculosis	June 1930

Other contributory causes of importance:

Name of operation ..... Date of ....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Meyer W. Jacobstein, M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 06121 HEALTH DEPARTMENT—CITY OF BALTIMORE 06121

CERTIFICATE OF DEATH

49

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1443 Homestead St. 9-01 Ward)

Length of residence in city or town where death occurred 41 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca J. Bell

(a) Residence: No. 1443 Homestead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alfred J. Bell

6. DATE OF BIRTH (month, day, year) Feb 4 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lumberton N. C.

MOTHER FATHER

13. NAME Richard M. Willis

14. BIRTHPLACE (city or town) (State or country) Bladen Co. N. C.

MOTHER

15. MAIDEN NAME Shaun Baggan

16. BIRTHPLACE (city or town) (State or country) Bladen Co N. C.

17. INFORMANT Alfred Willis Bell
(Address) 1443 Homestead St

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Park Cemetery Date Nov 1 1934

19. UNDERTAKER Glass St. Clark
(Address) 142 W North ave

20. FILED Huntington Williams, Registrar
11 1934 by J.P.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1934 to Oct. 29, 1934

I last saw her alive on October 29, 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovary (?)	? May '34
over	

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? P. Evans Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Warfield M. Tyson M. D.

(Address) 2028 W Royal Terrace

M. D. B 1268-9

F 06122

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06122

93-004

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH E.Md R.R.Pier 8

CITY OF BALTIMORE: (No. Port Covington. St. 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. ds.

2. FULL NAME George Schaechtel

(a) Residence: No. 1428 E.Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of Barbara Schaechtel.

6. DATE OF BIRTH (month, day, year) June 19, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Atlantic Gulf Stev.Co.

10. Date deceased last worked at this occupation (month, day, year) 10/29/34

11. Total time (years) spent in this occupation 07

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Peter Schaechtel.(son)
(Address) 1428 E.Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 11/1, 193[illegible]

19. UNDERTAKER George A. Tracey
(Address) Fodton & Sands

T 31 1934 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto M. Bernardi, M. D. Coroner

10/29/34 (Address) 1017 E. Charles St.

BCD. P 1268-9

06123 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06123

CERTIFICATE OF DEATH

1/31

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 W. Cross St. St. 21-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Smith

(a) Residence: No. 1008 W. Cross St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Antoinette E. Smith

6. DATE OF BIRTH (month, day, year) Dec. 26, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrical Typer for Govt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John H. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Stanger

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Antoinette E. Smith
(Address) 1008 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/3, 1934

19. UNDERTAKER Frederick A. Goll
(Address) 1200 W. Lombard St.

Filed Nov 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30th, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to Oct. 30, 1934
I last saw him alive on Oct. 30 1934 Death is said to have occurred on the date stated above, at 6.08 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	June 1930
Interstitial Nephritis -	June 1931
Hypertension	" "
Arteriosclerosis	" "

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Harry Kates, M. D.

(Address) 523 Scott St.

M. D. H. 1268-9

06124 HEALTH DEPARTMENT—CITY OF BALTIMORE 06124

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N. Fulton Ave. St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Y. Allen Hobbs

(a) Residence: No. 321 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 28, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grain Weigher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) Nov. 1, 1924

11. Total time (years) spent in this occupation 36 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Yelverton Thomas Hobbs

14. BIRTHPLACE (city or town) Howard County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Fox

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mr. T. Howard Hobbs
(Address) 321 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date November 1, 34

19. UNDERTAKER Joseph H. Cook
(Address) 1003 W. Baltimore st.

FILED 311034 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 10 1931 to Oct 30 1934

I last saw him alive on Oct 30 1934 Death is said to have occurred on the date stated above, at 8.30Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinson Disease Sveral Years	

Other contributory causes of importance:

Degeberative Myocarditis	No

Name of operation No Date of

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify

(Signed) Irad Ferguson M. D.
(Address) 3400 Walbrook Ave.

M. D. B. 1268-9

F 06125

F 06125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Upnor Road, Homeland St. 27-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza M. Hiss

(a) Residence: No. 206 Upnor Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) ---------

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 78	---	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ---------- Maryland

FATHER

13. NAME George M. Hiss

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary A. Bosley

16. BIRTHPLACE (city or town) (State or country) ------- Maryland

17. INFORMANT Mr. Gwynn Crowther

(Address) 26 South Street

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~

Place Loudon Park Cemetery Date 11/1 19 34

19. UNDERTAKER Henry H. Mealy's Sons

(Address) 900 N. Eutaw St.

20. FILED 11 1934 Huntington Wilson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10th 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20th 1934 to Oct 29th 1934

I last saw h[illegible] alive on Oct 29th 1934 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Chronic myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Amanda T. Norris, M. D.

(Address) 1924 Mt Royal Terr

M. D. R. 12618

F 06126 ✓ F 06128

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2400 Francis St., 13-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Kaufman

(a) Residence: No. 2400 Francis St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mrs. Molly Kaufman

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 yrs	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Kaufman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Barbara Kaufman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Miss Kaufman
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt. Carmel Date 10/1/34 19

19. UNDERTAKER Jack Levin
(Address) 1739 E. Baltimore St

20. FILED OCT 1 1934 19 [illegible] Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934, to Oct 31, 1934

I last saw h[illegible] alive on Oct 31, 1934. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Coronary thrombosis	5-31-34

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopay? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no

(Signed) B. Kader, M. D.

(Address) 2306 Eutaw Place

M. D. B. 126 F 06127 ✓ F 06127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 724 Reservoir St. 12-21 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Leah Pledge Brown

(a) Residence: No 724 Reservoir St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm. G. Brown

6. DATE OF BIRTH (month, day, year) June 15-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Wm. Pledge

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Sarah Jones

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Leah V. Harrington
(Address) 724 Reservoir St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 11/1/34 19

19. UNDERTAKER Gw L Beyer Jr
(Address) 512 Hollins St

20. FILED Nov 1 1934 Harry Tipp Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1934 to Oct 30 1934

I last saw her alive on Oct 30 1934. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis.	

Other contributory causes of importance:

Hemiplegia Sept 6-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Howard H. Warner M. D.

(Address) 2604 Garrison Blvd

M. D. P. 12a F 06128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06128

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Montford Ave.) (Ward) 9-01

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth 51 yrs. mos. ds.

2. FULL NAME Michael Richter

(a) Residence: No. 901 N. Montford Ave. Ward.
(Legal place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (~~wife~~) Antonette Richter (nee Vinik)

6. DATE OF BIRTH (month, day, year) Mar? 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1922

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mezy Lisy Czecho-Slovakia

FATHER

13. NAME ? ?

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Marie Richter

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

17. INFORMANT Frank Zoubek

(Address) 802 N. Glover St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Francis Date Nov 2 19 34

19. UNDERTAKER Howard K. McComas,

(Address) Abingdon, Md.

FILED NOV 1 1934

Huntington Undertaking Co. Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 18 1934 to Oct. 29 1934

I last saw h. ~~m~~ alive on Oct. 29 1934 Death is said to have occurred on the date stated above, at 3.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	10/18/34
Senility	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent V. Joska M. D.

(Address) 245 N. Eastern Ave Balto

M. D. F. 1268-A

F 06129

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06129

CERTIFICATE OF DEATH

92-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2917 Belmont Ave. St. 16-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Victorine (Victureen) Baldwin

(a) Residence: No. 2917 Belmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sylvester Baldwin

6. DATE OF BIRTH (month, day, year) Oct. 2nd. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	::::::	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md.

FATHER

13. NAME Samuel Turner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Lloyd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Sadie Turner

(Address) 2004 Homewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Govans Date Nov. 3rd. 34

19. UNDERTAKER Chas F. Grace & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED 1934 Function for Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31st. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10 1934 to Oct 31 1934

I last saw h alive on Oct. 28 1934 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Chronic Valv Endocarditis	5 Yrs ago
With Sudden Death in Sleep Was Con	
Other contributory causes of importance:	

Name of operation V Date of V

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jefferies Cook M. D.

(Address) 5 Club Rd

10/31/34

M. D. F. 06130 ✓ F 06130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH Edgewood Sanit. — 20-21 Registered No.

CITY OF BALTIMORE: (No. 6000 Bellona Ave. St. Lifetime. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA J. GALLAGHER

(a) Residence: No. 526 N. Pulaski St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Gallagher

6. DATE OF BIRTH (month, day, year) Sept. 9, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles McComas

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Susan Moffett

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph Gallagher

(Address) 526 North Pulaski

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Sat. Nov. 3, 1934

19. UNDERTAKER Chas. P. Maus & Son

(Address) 118 W. Mt. Royal Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1934, to Oct. 29 ~~31~~, 1934

I last saw her alive on Oct 29 ~~31~~, 1934. Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Sept. 25-34
Chronic myocarditis	Oct 28-34
Cardiac decompensation	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank D Virgilio M. D.

(Address) 1117 ST Paul ST

M. D. B. 1268-9

F 06131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06131

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 No Bruce St., 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hattie Holloway

(a) Residence: No. 315 No Bruce St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 10 - 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME Robert Holloway

14. BIRTHPLACE (city or town) (State or country) Kingston N. C

15. MAIDEN NAME Ida Dennis

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Robert Holloway

(Address) 315 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Nov 2 1934

19. UNDERTAKER Joseph A Lovely

(Address) 4894 W. Mount Street

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.50 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Acute Nephritis	24-34

Other **contributory causes** of importance:

None

Name of operation Surgery Date 10-31-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public** place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph L. Holtzman M. D.

Coroner

(Address) 1150 Mosher

M. D. P. 12 F 06132

F 06132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 W Lexington St.) (19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary B Hughes

(a) Residence: No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Joseph W Shaw

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Mary A. Brown

16. BIRTHPLACE (city or town)
(State or country) Canada

17. INFORMANT Mary E Forstal
(Address) 1400 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov 2 19 34

19. UNDERTAKER T. Vernon Kushner
(Address) 532 Fulton Ave

20. FILED Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 34

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1932 to Nov. 1 34

I last saw her alive on Oct. 31, 34 Death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular renal disease Hypertension	about 2 yrs. ago

Other contributory causes of importance:

Chronic nephritis. Arterio-Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward B Jones M. D.

(Address) 1115 St Paul St.

M. D. B 1203-9

F 06133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06133

183

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Pronounced Dead at 14-01

CITY OF BALTIMORE: (No. Mercy Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hopkins

(a) Residence: No. 1927 Druid Hill Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Optical Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME William Hopkins

14. BIRTHPLACE (city or town) (State or country) North Carolina State of (N.C)

MOTHER

15. MAIDEN NAME Ella Hopkins

16. BIRTHPLACE (city or town) (State or country) Baltimore, md.

17. INFORMANT Mary Hearn

(Address) 312 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date Nov. 2 1934

19. UNDERTAKER Elroy W. Wilson

(Address) 1000 Brantly avenue.

20. FILED Nov 5 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said I last saw h... alive on ..... to have occurred on the date stated above. accidentally drowned

The principal cause of death and related causes of importance were as follows:

accidentally drowned — Date of onset sudden

Other contributory causes of importance: fall ? Pier ? Boards ? with accident

Name of operation ..... Date of .....

What test confirmed diagnosis History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Accident Date of injury 10/29 1934

Where did injury occur? Pier 1 Pratt St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury drowned

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Larkin Coroner M. D.

(Address)

M. D. B. 1269-9

F 06134

06134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 N. Duncan St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? 33 yrs. mos. ds.

2. FULL NAME Nicola Vito

(a) Residence: No. 627 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Vito

6. DATE OF BIRTH (month, day, year) May 18, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Pasquale Vito

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs F. Perrica

(Address) 2018 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 2 1934

19. UNDERTAKER William G. Schaefer

(Address) 1816 E. Monument St

20. FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1934

22. I HEREBY CERTIFY, That I attended deceased from January 1932 to October 31 1934

I last saw h~~e~~ alive on October 30 1934. Death is said to have occurred on the date stated above, at 12 m noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis with cerebral softening	about 2 years ago
Other contributory causes of importance: Chronic Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St

M. D. F. 1268-9

F 06135

06135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2707 Chelsea Terrace St., 15-41 Ward)

Length of residence in city or town where death occurred 77 yrs. 11 mos. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Korb

(a) Residence: No. 2216 W. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Korb

6. DATE OF BIRTH (month, day, year) Nov. 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lewis Korb

14. BIRTHPLACE (city or town) (State or country) ? ?

MOTHER

15. MAIDEN NAME Bertha Snyder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Carrie A. Bunting 2216 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Nov 3 1934

19. UNDERTAKER (Address) Wm Tukner & Son Ingrich & Bros are Huntington Ave

20. FILED 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18 1934 to Oct 31 1934

I last saw him alive on Oct 29 1934 Death is said to have occurred on the date stated above, at noon

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular disease — Date of onset

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W J Love M. D.

(Address) 2211 Eutaw Place

H. D. B. 1268-9

F 06136

06136 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Jackson

(a) Residence: No. 1105 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Ashton Jackson

6. DATE OF BIRTH (month, day, year) Dec. 20 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ford Va

13. NAME General Morgan

14. BIRTHPLACE (city or town) (State or country) Ford Va

15. MAIDEN NAME Louvinia Jones

16. BIRTHPLACE (city or town) (State or country) Amelia Co Va

17. INFORMANT Ashton Jackson

(Address) 1105 Woodyear Av

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemty Date Nov 2. 1937

19. UNDERTAKER Rudolph Halstead

(Address) 28-2 Druid Hill Ave.

20. FILED Nov 1 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-29-37 19

22. I HEREBY CERTIFY, That I attended deceased from 10-21-37 19 to 10-29-37 19

I last saw her alive on 10-29-37 19 Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart failure	July 1937

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) Univ. Hosp

M. D. B 1268-9

F 06137

HEALTH DEPARTMENT—CITY OF BALTIMORE

06137

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (Hospital, Institution, or Street and No.) West Balto Hosp (If not in hospital or institution) 10-01 (Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nick Brown

(a) Residence: No. 216 Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Brown

6. DATE OF BIRTH (month, day, year) 1891

7. AGE: Years 43 | Months | Days | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Gen'l Factory
10. Date deceased last worked at this occupation (month and year) Constant

11. BIRTHPLACE (city or town) (State or country) D. C.

FATHER
12. NAME Nick Brown
13. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER
14. MAIDEN NAME Mother Brown
15. BIRTHPLACE (city or town) (State or country) D. C.

16. INFORMANT Martha Brown
(Address) 216 Madison St.

17. BURIAL, CREMATION, OR REMOVAL
Place U S Nat Cemetery Date Nov 2 1934

18. UNDERTAKER Adolphus Halstead
(Address) 923 Druid Hill Ave

19. FILED NOV 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) Oct 29 1934

21. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

22. The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Cardiac	

Other contributory causes of importance:

Name of operation None Date of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) state the following:
Accident, suicide, or homicide? ..... Date of injury .....
Where did injury occur? ..... (Specify city or town, county, or public place)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. H. Linck Coroner M. D.
(Address) Coroner

M. D. B. 1208-9

F 06138

06138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2105 Elsinor Ave. Ward) 1-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Boyd

(a) Residence: No. 211 S. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of A. Kendall Boyd

6. DATE OF BIRTH (month, day, year) Mar 2nd 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Bisson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Martha V. Travers

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Frank's B. Tours

(Address) 2105 Elsinor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov 2nd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Nov 1 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31st 1934

22. I HEREBY CERTIFY, That I Attended deceased from Oct 29- 1934 to Oct 31 1934

I last saw h~~e~~r alive on Oct 30 1934 Death is said to have occurred on the date stated above, at 7 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	Oct 29 1934
Cause unknown	

Other contributory causes of importance:

General Toxaemia due to obstruction

No operative methods permitted

Name of operation None Date of —

What test confirmed diagnosis? Autopsy? Refused

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley Cole M. D.

(Address)

M. D. P. 1268-9

E 06139

HEALTH DEPARTMENT—CITY OF BALTIMORE

06139

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.
CITY OF BALTIMORE: (No. ..... St., 12-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Axel Nielsen

(a) Residence: No. Philadelphia, Penna St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hilda Lindbergh Nielsen

6. DATE OF BIRTH (month, day, year) February 9, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook & Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 021

10. Date deceased last worked at this occupation (month and year) 10-[illegible]-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denmark

FATHER

13. NAME Hans Nielsen

14. BIRTHPLACE (city or town) (State or country) Denmark

MOTHER

15. MAIDEN NAME Maria Petersen

16. BIRTHPLACE (city or town) (State or country) Denmark

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date Nov 1st 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1 1934

22. I HEREBY CERTIFY, That I attended deceased from January 29 1934 to November 1 1934
I last saw him alive on November 1 1934 Death is said to have occurred on the date stated above, at 3:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular	10-30-
Paralysis agitans	Unknown
Other contributory causes of importance:	
Exhaustion	Indeter

Name of operation ..... Date of No
What test confirmed diagnosis? Clin. Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W M Borden M. D.
(Address) U.S. Marine Hospital

M. D. F 1268-8

06140

HEALTH DEPARTMENT—CITY OF BALTIMORE

06140

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Freedmen's Wood Ridge Asylum St., Fort Smallwood Ward 15th

Registered No. 1679

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur H. Lusk

(a) Residence: No. 3408 Oakfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Lusk

6. DATE OF BIRTH (month, day, year): Aug. 11. 1882

7. AGE: Years 52 | Months 2 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civil Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gutter
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Gutter Ga

MOTHER FATHER
13. NAME: William H. Lusk
14. BIRTHPLACE (city or town) (State or country): Edinoppolis Ga
15. MAIDEN NAME: Matilda Endress
16. BIRTHPLACE (city or town) (State or country): Edinoppolis Ga

17. INFORMANT: Emma L. Lusk
(Address) 3408 Oakfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Butler Ga Date 11/2 1934
Jim Cook Undertaker

19. UNDERTAKER
(Address) 1219 E Eager St

20. FILED 1934 Huntington W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot wound of Throat, Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. Earl Mowery Coroner, M. D.

(Address) 3612 Orland Ave

Spec. 2-29-28—1. F. S.—500 Bks.

F 06141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06141

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2729 Oak St ST. 12-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anna Mary Brown

(a) RESIDENCE NO. 2729 Oak St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed.

6a If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Dr. Columbus M Brown

6 DATE OF BIRTH (month, day, and year): Mar. 29, 1856

7 AGE: Years 78 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife.

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Carroll Co., Md.

10 NAME OF FATHER: Peter Bish

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany.

12 MAIDEN NAME OF MOTHER: Eliza Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co. Md.

14 Informant: Goldie Woolston

(Address) 2729 Oak St.

Filed ..... 19 ..... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 1, 1934.

17 I HEREBY CERTIFY, That I attended deceased from November 1932 to Nov 1 1934.

that I last saw her alive on Oct 30 1934

and that death occurred, on the date stated above, at 6:20 A m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis and Endocarditis - Senility -

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Acute Cardiac Collapse.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinically

(Signed) O. Walter Symmers M. D.

19 (Address) 3603 Edmondson Ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Olivet, Hanover Pa.

DATE OF BURIAL: Nov 3 1934

20 UNDERTAKER: Wm Cook

ADDRESS: 1717 St Paul St.

M. D. B 1268-9

F 06142

HEALTH DEPARTMENT—CITY OF BALTIMORE

06142

CERTIFICATE OF DEATH

85

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 Linden Avenue St., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 8 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Katherine Martin

(a) Residence: No. 2030 Linden Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Feb. 6, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME August H. Martin

14. BIRTHPLACE (city or town) (State or country) ------- Germany

MOTHER

15. MAIDEN NAME Sophie Dreves

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) August H. Martin 2030 Linden Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date 11/2 1934

19. UNDERTAKER (Address) Henry H. Myers & Son 8[illegible]

FILED 1934 Hamilton Phillips M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-30 — 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of Epilepsy

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Hemmeter Coroner, M. D.

(Address) 3632 Roland Ave

M. D. F. 1268-9

F 06143

HEALTH DEPARTMENT—CITY OF BALTIMORE

06143

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Ross Hall

(a) Residence: No. Alberton Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 29, 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Alberton Md Maryland

FATHER

13. NAME Arthur Hall

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Julia Morris

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Arthur Hall

(Address) Alberton Md

18. BURIAL, CREMATION, OR REMOVAL

Place Alberton Cem Date Nov 2, 1934

19. UNDERTAKER Albert W Cerney

(Address) 4402 North Ave

20. FILED Nov 2, 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934 to Oct 31, 1934

I last saw him alive on Oct 31, 1934 Death is said to have occurred on the date stated above, at 12 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	
Encephalitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel C Kogerad M.D.

(Address) Sydenham Hospital

F 06144

M. D. [illegible]

F 06144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1030 N. Bentalou St. 16-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma V. Burgoyne

(a) Residence: No. 1030 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. H. Burgoyne

6. DATE OF BIRTH (month, day, year) Sept. 15, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Chester O. Teets
(Address) 1030 N. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL
Place Hampstead Md. Date Nov 3 1934

19. UNDERTAKER Geo. W. Teale
(Address) 2700 Edmondson Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Oct 31, 1934
I last saw her alive on Oct 31 1934 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
Endocarditis

Date of onset

Other contributory causes of importance:
Pulmonary Edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) 817 Medical Arts Bldg

M. D. B 1268-9

F 06145

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06145

92-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Berry St. St. 13-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles F. Christian.

(a) Residence: No. 709 Berry St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret F. Christian

6. DATE OF BIRTH (month, day, year) Jan 21, 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Piano Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hecht's Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 086

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME Christian Christian.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Elizabeth Rossing.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Margaret F. Christian.

(Address) 709 Berry St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore. Date Nov 3, 1934

19. UNDERTAKER Thos. J. Holon.

(Address) 3615-17 Chestnut Ave.

20. FILED ..... 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 340 a. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Jabular Abscess of Breast

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) ..... M. D.
Coroner

(Address) 1702 Orleans

M. D. B 1268-9 F 06146

F 06146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 172-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteers of America Hosp 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther B. Shipp

(a) Residence: No. 608 N. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Shipp.

6. DATE OF BIRTH (month, day, year) Aug. 1, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Norfolk Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT R. H. Robertson
(Address) 905 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 5, 1934

19. UNDERTAKER Lemmon & Son
(Address) 3615-17 Eastern Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction (Fecal impaction)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zellers, M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B 1268-9

F 06147

F 06147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Dousha

(a) Residence: No. Hoffman Ave nr. Monumental Rd. St., Lansdowne Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Dousha

6. DATE OF BIRTH (month, day, year) June 8-1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

13. NAME Jacob Dousha

14. BIRTHPLACE (city or town) (State or country) Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs. Marie Dousha

(Address) Lansdowne, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Westview Cem. Date 11/3/34 19

19. UNDERTAKER Harry A. Hilke

(Address) 1 Wash. Monument Pl. Balto. Md.

20. FILED NOV 2 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31 . 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Oct. 31 1934.
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Carbaugh M. D. Coroner

(Address) 16 South Broadway

M. F. B. F 06148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06148

CERTIFICATE OF DEATH

117-002

Registered No. 25-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4427 Frederick Ave. St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lyre William Jay

(a) Residence: No. 4427 Frederick Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Florence Jay

6. DATE OF BIRTH (month, day, year) Nov. 28, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 02

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Jay

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Eugene E. Jay

(Address) 4427 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 3, 1934

19. UNDERTAKER Harry F. Luttrell

(Address) 101 Edmondson Ave.

20. FILED Nov 4, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934 to Nov 1, 1934

I last saw him alive on Oct 31, 1934 Death is said to have occurred on the date stated above, at 12:28 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Duodenal Ulcer	1930

Other contributory causes of importance:

Myocarditis

Name of operation None Date of

What test confirmed diagnosis? X ray? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Edwin R. Ballard M. D.

(Address) 1622 Mt Royal Ave.

M. D. B. No. 8-9 F 06149 ✓ F 06149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 632 S. Fremont Ave Ward) 21-24

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth 17 yrs. mos. ds.

2. FULL NAME Salvatora (Dora) Presti

(a) Residence: No. 632 S. Fremont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carlo Presti

6. DATE OF BIRTH (month, day, year) July 10-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Frank Carriers

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Angela Dora

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Carlo Presti
(Address) 632 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Frank Rutzenser Date 11-2 19 24

19. UNDERTAKER Leonard S. Wagner
(Address) 2005 Harford Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/1/34 19

22. I HEREBY CERTIFY, That I attended deceased from January 1. 1934 to November 1. 1934

I last saw h-- alive on Nov. 1 19 34 Death is said to have occurred on the date stated above, at 12:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	About Jan. 1933

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Joseph L. Valentine Jr. M. D.

(Address) 16 S. Broadway

M. D. F 06150

F 06150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 x 34

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 2-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ewald Anderson

(a) Residence: No. 811 S. Broadway St., ... Ward. Portland Maine

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A.B. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 8-10-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sundsvall Sweden

FATHER

13. NAME Eric Anderson

14. BIRTHPLACE (city or town) (State or country) Sundsvall Sweden

MOTHER

15. MAIDEN NAME Christine Wiklune

16. BIRTHPLACE (city or town) (State or country) Sundsvall Sweden

17. INFORMANT (Address) Records, U.S. Marine Hospital Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Hampden Date Nov. 2 19 34

19. UNDERTAKER E. Leroy Stiller, Inc. (Address) 120 E. North Ave.

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 19 34

22. I HEREBY CERTIFY, That I attended deceased from October 5 19 34 to November 1 19 34

I last saw him alive on November 1 19 34 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, Secondary	1929
Arsenic Poisoning, Acute	Unknown
Myocarditis, acute, toxic	10-13
Abscesses, multiple, pulmonary	9-25-
Dermatitis, exfolliative	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. find. & Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W.M. Boden, M. D.

(Address) U.S. Marine Hospital

F 06151

M. D. B. 168-

F 06151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (Johns Hopkins Hospital St. ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Greenberg

(a) Residence: No. Unknown St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Unknown

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	about 55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Balto Police Dept

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's, Hampden Date Nov. 2 1934

19. UNDERTAKER (Address) E. Leroy Stoffler, Inc. 125 E. North Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-27 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Volvular Disease of Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) John Thompson Coroner M. D.

(Address) 2652 Boulevard

F 06152

M. D. B. F 06152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital St., 12-C Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. 20 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. .....

2. FULL NAME Sam Rozarto

(a) Residence: No. Baton Rouge, La. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 8, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watertender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 66

10. Date deceased last worked at this occupation (month and year) 3-16-33

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baton Rouge La.

FATHER

13. NAME Rozario Rozarto

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lena ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL Date Nov. 2 1934
Place St. Mary's, Hampden

19. UNDERTAKER E. Leroy Stiffler & Son
(Address) 125 E. North Ave.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31 1934

22. I HEREBY CERTIFY, That I attended deceased from April 18 1933 to October 31 1934
I last saw him alive on October 31 1934 Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic far advanced	Undet.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) U.S. Marine Hospital

M. D. P. 265-9

F 06153

06153

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Morrison

(a) Residence: No. 1730 N Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23. 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	7	4?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hugh A Morrison

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Sherrin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 11/5/34 19

19. UNDERTAKER George Rauch Son

(Address) 1231 Hollins St

20. FILED 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1934

22. I HEREBY CERTIFY, That I attended deceased from October 26 1934 to Nov 1 1934

I last saw h alive on Nov 1 1934 Death is said to have occurred on the date stated above, at 1.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	

Other contributory causes of importance:

Chronic myocarditis

Name of operation Duo-colostomy Date of 10-27-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Barnaby M. D.

(Address) Maryland General Hosp.

M. D. B. 1269-9

F 06154

HEALTH DEPARTMENT—CITY OF BALTIMORE

06154

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1315 E. Lafayette Avenue St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Burns

(a) Residence: No. 1315 E. Lafayette Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. Burns

6. DATE OF BIRTH (month, day, year) Dec. 2, 1863.

7. AGE	Years	Months	Days	If LESS than 1 day
	70	10	29	##### hrs. ##### min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Janer Counabaugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Reardon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT William J. Burns (Husband)
(Address) 1315 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Nov. 3, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] 1934 18. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934 to Oct 31 1934

I last saw her alive on Oct 31 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Breast	1924
Other contributory causes of importance: Pneumonia Bronchopneumonia	

Name of operation None Date of

What test confirmed diagnosis? Final Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Wolfe M. D.

(Address) 1331 Eutaw St

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06155 E 06155

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 East Street St., 3-01 Ward)

Length of residence in city or town where death occurred 63 Years yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Philippo Pusateri

(a) Residence: No. 313 East Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of [redacted] Rose Livolsi

6. DATE OF BIRTH (month, day, year) Feb. 22, 1861.

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	9	[redacted]

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

PARENTAGE

13. NAME Salvator Pusateri

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Domenica Dattala

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mr. Vincent Palmeri
(Address) 1036 N. Gay Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Nov. 3, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1934 to Oct. 31, 1934

I last saw him alive on Oct. 31, 1934. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitial Regurgitation	Indefinite
Other contributory causes of importance:	
Exhaustion	10/30/34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

11/1/34 Signed R. L. Campbell M. D.

(Address) 1644 Harlem St

H. D. P. 1268-9

F 06156

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06156

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2027 Penna Ave S. 214-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Brown

(a) Residence: No. 2027 Penna Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Colored	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 17-1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 670

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Chas Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Maud Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Henry Brown

(Address) 1768 W. Fayette

18. BURIAL, CREMATION, OR REMOVAL Leakin Park Towson, Md. Date Nov. 2, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 4 1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on Oct 30 1934. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was an autopsy made? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Smith, M. D.

Coroner

(Address) Coroner's

M. D. P. 1208-9

F 06157

06157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Fisher

(a) Residence: No. 306 N. Carlton st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Dennis Fisher

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 11/2/ 1934

19. UNDERTAKER Mrs Katie A Williams
(Address) 320 n Schroeder St.

20. FILED 1934 Hattie Lee Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to October 30, 1934

I last saw him alive on October 30, 1934. Death is said to have occurred on the date stated above, at 4.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Meyer W Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. P. 12684

F 06158

06158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Glaser

(a) Residence: No. 1704 E. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May - 1934

7. AGE: Years | Months: 5 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: David Glaser

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Edna Lapyda

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: Hebrew Rosedale Date 11/2/34

19. UNDERTAKER (Address): V. H. Levin Inc 1432 E. Baltimore St

20. FILED 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 2 34

22. I HEREBY CERTIFY, That I attended deceased from Oct 29 1934 to Nov 2 1934

I last saw him alive on Nov 2, 1934 Death is said to have occurred on the date stated above, at 10:35 A.M.

The principal cause of death and related causes of importance were as follows:

Acute otitis media — Date of onset
Pneumococcus septicemia
Pneumococcus bronchitis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. Katzenstein M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

F 06159

06159 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4910 Arabia Av. Ward) 27-01

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella L. O'Brien

(a) Residence: No. 4910 Arabia Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas H O'Brien

6. DATE OF BIRTH (month, day, year): 3-10-1855

7. AGE: Years 78; Months 10; Days 21; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Thomas Rutherford

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Ella Rutherford

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Ann O'Brien

(Address) 422 Whitridge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cem. Date Nov 3, 1934

19. UNDERTAKER: Mary J. Mitchell

(Address) 2301 E. Pratt St.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1934 to Oct 31, 1934

I last saw h[illegible] alive on Oct 31, 1934 Death is said to have occurred on the date stated above, at 7:20 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset Oct 26/34

Other contributory causes of importance:

arterio sclerosis + hypertension — Date of onset

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L Henderson, M. D.

(Address) 1214 N Ensor St

M. D. F. 1268-9

F 06160

06160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Hankins

(a) Residence: No. 417 S. Port. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married (Sgl)

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna (dec)

6. DATE OF BIRTH (month, day, year) April 6 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Isabella Fiery

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mt. Cemetery Date Nov. 3, 1934

19. UNDERTAKER E. Myers & Son

(Address) 2334 Eastern Ave

[illegible] Registrar.

FILED NOV 2 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4 1934 to Nov 1 1934

I last saw h[illegible] alive on Nov 1 1934. Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial nephritis	
Myocardial insufficiency	
Sc congestive failure	3 mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I. D. Hazel, M. D.

(Address) Balt. City Hosp

M. D. F. 1268-9

2004

F 06161

HEALTH DEPARTMENT—CITY OF BALTIMORE

06161

CERTIFICATE OF DEATH

XV 172-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gloria Griffin

(a) Residence: No. Margaret av St., ... Ward. Essex Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 7-2-34

8. AGE Years ... Months 4 3 Days 27 If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Harry Griffin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Pauline Smith

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mem. Pk. Date Nov. 5 1934

19. UNDERTAKER John F. Connelly & Sons

(Address) Balto Md

20. FILED 1934 Huntington Williams Registrar.

NPR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934 to Nov 1, 1934

I last saw her alive on Nov 1, 1934 Death is said to have occurred on the date stated above, at 7 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	10-27-34

Other contributory causes of importance:

Name of operation Reduction Date of 10-31-34

What test confirmed diagnosis? - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Irene D Schwentker, M. D.

(Address) Johns Hopkins Hospital

H. D. B 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F of 462

93-004

Registered No. 06162

1. PLACE OF DEATH Dead on Arrival at
CITY OF BALTIMORE: (No. Hopkins Hospital St. 6-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Kirkwood

(a) Residence: No. 1704 E. Baltimore St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	~~Widow~~ divorced

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Kirkwood

7. DATE OF BIRTH (month, day, year) Apr 18/1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME ~~Patrick Connelly~~
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Catherine McDonough
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Catherine Connelly
(Address) 223 N Port St
18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 3, 1934
19. UNDERTAKER Frank V. Pipitone
(Address) 2818 E. Baltimore St.
20. FILED 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31/34 19
I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at before 6.49 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... Coroner, M. D.
(Address) ...

Spec.—8-16-29—L. F. S.—100 Bks.

F 06163

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06163

51

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 626 W. Cross ST. 21-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME John W. Sharp

(a) RESIDENCE NO. 626 W. Cross ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucy Hayslup

7 DATE OF BIRTH (month, day, and year): Aug 30-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): 040

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto., Md.

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mrs Lucy Sharp

(Address): 626 West Cross St

15 Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 1-1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1934, to Nov 1, 1934, that I last saw him alive on Oct 31, 1934 and that death occurred, on the date stated above, at 1 20 A m.

The CAUSE OF DEATH* was as follows:

Bronchopneumonia

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis - Prostatic

(duration) 1 yrs. mos. over ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy? —

What test confirmed diagnosis? —

(Signed) D Mulvihill, M. D.

11-2-1934 (Address) 1900 Eutaw Blvd.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park. DATE OF BURIAL: Nov. 3- 1934

20 UNDERTAKER: Margaret E Flynn ADDRESS: 1422 Eutaw St.

M. D. R. 1268-9

F 06164

06164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyda Lane Hospital St., (Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll Chaney

(a) Residence: No. 610 Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1934

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		7 6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Andrew Chaney

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Jinine Chaney

16. BIRTHPLACE (city or town) Va.
(State or country)

17. INFORMANT Jenise Chaney
(Address) 610 Parrish St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemetery Date Dec 3 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED Dec 4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1934 to Oct 31 1934

I last saw her alive on Oct 31 1934 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Streptococcus sore throat	Oct 3/34
2 Septic Enteritis	"
Bronchopneumonia	2
	over

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Samuel E. Gerard M. D.

(Address) Lyda Lane Hospital

M. D. P. 1268-0

F 06165

06165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

154-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 Cliftwood Ave St. 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. 5 ds.

2. FULL NAME Regina Bell

(a) Residence: No. 2131 Cliftwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 16, 1934

7. AGE: Years | Months | Days: 18 17 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Walter Bell

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Rosalie Zambra

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Walter Bell
(Address) 2131 Cliftwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: Nov. 3 1934

19. UNDERTAKER: Leach Funeral Home
(Address) 1906 Eutaw Pl

FILED Nov 3 1934 Registrar. RFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2-34 to Nov 3-34.

I last saw her alive on Nov 2-34. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

Asphyxia Birth
Premature Birth
Congenital Heart

Date of onset: Nov 2 34

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Fred Bowers M. D.

(Address) 810 N Eutaw St

M. D. B. 1268-9

✓ F 06166

06166 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2918 119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Limerick

(a) Residence: No. 2121 Eastern ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 8-22-34

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Edward Limerick

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Lambdin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Nov. 3 34

19. UNDERTAKER Lilly & Hilgartner
(Address) 403 N. Howard.

20. FILED 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1934, to Nov 2, 1934

I last saw her alive on Nov 2, 1934. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset about Oct 26, 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lydia B Edwards, M. D.

(Address) Johns Hopkins

M. D. B 1268-9

✓ F 06167

HEALTH DEPARTMENT—CITY OF BALTIMORE

06167

CERTIFICATE OF DEATH

93-003
Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2913 Eastern Ave St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John T. Robertson

(a) Residence: No. 2913 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Robinson

6. DATE OF BIRTH (month, day, year) April 24 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash D C.

13. NAME Thomas Robinson

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Elizabeth Griffin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary A Robinson
(Address) 2913 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov 5 1934

19. UNDERTAKER Gilbert Zeiler Sons.
(Address) 420 S Wolfe St.

FILED 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of No

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. T. Robertson M. D.
Coroner

(Address) 120 E Baltimore St

M. D. P. 1264

06168 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 06168

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 15-E (Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert L Anderson.

(a) Residence: No. 4012- Bonner Rd St., Bonner Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of ~~Mary~~ Virginia E Anderson (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1866 - Aug 17 - 1866

7. AGE: Years 68; Months 2; Days 14; if LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: United Ry Co 18

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland -

13. NAME OF FATHER: Robert L Anderson

14. BIRTHPLACE (city or town) (State or country): Penn

15. MAIDEN NAME OF MOTHER: Rachel Parr

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT: Virginia E Anderson

(Address): 4012 Bonner Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount L... Date: 11/3/34, 19...

19. UNDERTAKER: B Whitlock & Son

(Address): 300 E Eutaw Place

19. FILED: 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/1/34

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 1934 to Nov - 1, 1934

last saw him alive on Nov - 1, 1934 Death is said to have occurred on the date stated above, at 6.45 pm.

The principal cause of death and related causes of importance were as follows:

Prostatic Hypertrophy — Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Supra Pubic Prostatectomy (1st Stage)

Name of operation Supra Pubic Cystotomy Date of 10/15/34

What test confirmed diagnosis? Gross & Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) W W Mackenzie Jr, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-9

F 06169

6169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary M. Ward

(a) Residence: No. 1412 W Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George (dead)

6b. DATE OF BIRTH (month, day, year) ? 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Levin Irving

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Charlotte Franklin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov. 3 1934

19. UNDERTAKER Mrs. George R. Bolling

(Address) 1631 Bank St

20. FILED ..... 19 ..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9 1934 to November 1 1934

I last saw her alive on Nov 1 1934 Death is said to have occurred on the date stated above, at 5-20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Myocardial insufficiency & congestive failure	6 hrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ..... If so, specify .....

(Signed) ..... M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06170

06170

CERTIFICATE OF DEATH

172-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St. 11-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Bishop

(a) Residence: No. 1039 David Hill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Henry Baron
(Address) 1029 David Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date Nov 2, 1934

19. UNDERTAKER Mrs. Louise C. Collins
(Address) 1031 David Hill Ave

20. FILED ..., 19... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Intestinal Obstruction	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) E. J. Sterger M.D. M. D.
Coroner.

(Address) 130 S. Patterson Park

M. D. P. 1268-9

F 06171

06171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Raab.

(a) Residence: No. 1609 North Chapel St., Ward. Baltimore City
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Aug 4th 1934

7. AGE: Years — Months: 2 1 — Days: 28 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore City Md.

13. NAME: Charles Raab

14. BIRTHPLACE (city or town) (State or country): Balto Co. Md

15. MAIDEN NAME: Anna Banick

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Chas Raab 1609 N. Chapel St

18. BURIAL, CREMATION, or REMOVAL: St. Josephs Emmitsburg Date Nov 5th 1934

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: 1934 Washington Nov 7 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-2-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30, 1934 to Nov 2, 1934

I last saw him alive on Nov. 2, 1934 Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhagic Nephritis	5 days
Bronchial Pneumonia - Right	5 days

Other contributory causes of importance:

Cardiac Dilatation

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) F. W. Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06172

06172

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 10-5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mildred Talbott.

(a) Residence: No. 2209 Annapolis Rd. Westport. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, (or) WIFE of Joshua Talbott.

DATE OF BIRTH (month, day, year) April 8, 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Chesterfield, Md.

13. NAME Calvin Trehearn.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Genevieve Whaley.

16. BIRTHPLACE (city or town) (State or country) Delaware.

INFORMANT Joshua Talbott. (husband)

(Address) 2209 Annapolis Rd.

BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date 11/3/ , 1934

UNDERTAKER Wm Cook

(Address) 1217 E Paul St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 31, 1934 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.30 p.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Lobar pneumonia.	
Other contributory causes of importance:	

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

11/1/34 Address) 1017 E. Charles St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

6173 ✓ 06173

CERTIFICATE OF DEATH

108 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women St., 13-C Ward)

Length of residence in city or town where death occurred 43 yrs. (March 1891) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Laura Black

(a) Residence: No. 742 West North St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Grant Black.

7. DATE OF BIRTH (month, day, year) Nov 2nd 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69 ~~70~~	11	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thurmont Md.

13. NAME Abednego Slick

14. BIRTHPLACE (city or town) (State or country) Frederick County Md.

15. MAIDEN NAME Elizabeth H. Parrish

16. BIRTHPLACE (city or town) (State or country) Frederick County Md.

17. INFORMANT Charles Grant Black.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mountain Ridge Cem. Thurmont Md Date Nov 4 1934

19. UNDERTAKER Katt & B. M. Walters
(Address) 121 S. Stricker St.

20. FILED 1936 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Nov 1 1934

I last saw her alive on Nov 1 1934 Death is said to have occurred on the date stated above, at 10.03 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
(Coma)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Beverley C. Compton M. D.

(Address) Womans Hosp

M. D. P. 1268-B

174 **HEALTH DEPARTMENT—CITY OF BALTIMORE** T 06174

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 E North St. 4th Ward)

Length of residence in city or town where death occurred 81 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Agnes Lyons

(a) Residence: No. 910 E North Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin Lyons

6. DATE OF BIRTH (month, day, year): Nov. 13, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Thomas Halpin

14. BIRTHPLACE (city or town) (State or country): ---------- Ireland

MOTHER

15. MAIDEN NAME: Elizabeth Purcell

16. BIRTHPLACE (city or town) (State or country): ---------- Ireland

17. INFORMANT: Mrs. Chas. V. Kelly
(Address) 910 E. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 11/5 19 34

19. UNDERTAKER: Henry H. Meyers & Son
(Address) 50 W. Saratoga St.

20. FILED ... 19 ... Registrar.

NOV 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 1st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to Nov 1st, 1934
I last saw h alive on Nov 1, 1934 Death is said to have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	10 yrs
Carcinoma of Left Breast	4 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jefferies Burke, M. D.

(Address) 9 E. Chase St City

F 06175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 1 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mrs. Mary Offutt

(a) Residence: No. Granite Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of J. Fred Offutt

7. DATE OF BIRTH (month, day, year) Oct 31 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Jas Lindsay

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rose Campbell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 11/5 1934

19. UNDERTAKER Henry A. Weaty & Son

(Address) 501 N. Eutaw St.

NOV 3 1934 Registrar Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Nov 2 1934

I last saw her alive on Nov 2 1934. Death is said to have occurred on the date stated above, at 3.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar F. Campbell M. D.

(Address) Mercy Hospital

Cor.—12-9-25—A Co—200 Bks.

Kalicinski

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06176

06176

164-001

CERTIFICATE OF DEATH.

REGISTERED NO. _____

1-PLACE OF DEATH

City of BALTIMORE: (No. 1921 Gough Street St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.) X

2-FULL NAME Feliks Kalicinski

(a) RESIDENCE NO. 1921 Gough Street St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	Color or Race	Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Pauline Kalicinski

DATE OF BIRTH (month, day, and year) March 11, 1891

AGE	Years	Months	Days	IF LESS than 1 day.... hrs. or.....min.
	43	7	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bethlehem Steel Corp.

(b) General nature of industry, business, or establishment in which employed (or employer) ok

(c) Name of employer

BIRTHPLACE (city or town) _____

(State or country) Poland

10 NAME OF FATHER Vincent Kalicinski

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Poland

12 MAIDEN NAME OF MOTHER Catherine Grabosk

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Poland

Informant Pauline Kalicinski

(Address)

Filed _____, 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 6, 1934 19__

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Asphyxiation by Illuminating Gas, Suicide

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. J. Kerwin M. D. (Coroner)

Nov. 19 34 (Address) 1305 N Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Nov 5 1934 — Date of Burial

20 UNDERTAKER John M Weber — ADDRESS 401 S. Chester

NOV 3 1934

D. B 1268-9

06177 HEALTH DEPARTMENT—CITY OF BALTIMORE 06177

CERTIFICATE OF DEATH

Registered No. 34

1. PLACE OF DEATH
CITY OF BALTIMORE: (a) No. 1725 Presbury St. 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia Gross
(a) Residence: No. 1725 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 16 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Geo Randall
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Mukunga
16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Geo Morgan
(Address) 1725 Presbury

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date Nov 3 1934

UNDERTAKER Dennis Feaster
(Address) 916 Pa ave

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Sudden	
Other contributory causes of importance: Probably Syphilis	

Name of operation ..... Date of ..... What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. H. Luch Coroner, M. D.
(Address) Coroner

M. D. B. 1968-9

F 06178

HEALTH DEPARTMENT—CITY OF BALTIMORE

06178

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 9-1-81 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mors Catherine Geary

(a) Residence: No. 1169 Cleveland St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: John Donnelly

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Catherine Mullen

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Mary Shruffer
(Address): 102 S. Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/5 34

19. UNDERTAKER: J. J. Fahey Son
(Address): 1318 Light St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Inquiry 19..... Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct. 31 1934
Other contributory causes of importance:	
Accident	Sept 23

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident of injury Sept 23 1934

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fall down steps

Nature of injury Fractured right hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 South Broadway

M. D. B. 1268-9

F 06179

06179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Harlem Ave. Ward) 46-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Howard

(a) Residence: No. 1121 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Baxter Howard

6. DATE OF BIRTH (month, day, year) September 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (city or town) (State or country) Carolina Co Va

MOTHER FATHER

13. NAME Watkins

14. BIRTHPLACE (city or town) (State or country) Carolina Co Va

15. MAIDEN NAME Watkins

16. BIRTHPLACE (city or town) (State or country) Carolina Co Va

17. INFORMANT Jamie Bruce

(Address) 1121 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 5th 1934

19. UNDERTAKER Chapman & Chatfield

(Address) 1008 Eutaw Pl

20. FILED ..... 19..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1934 to Nov. 2 1934

I last saw him alive on Oct 31st Nov 1st 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Hypertension	
Hemorrhagic Infarct	Apr. 1934
Pulmonary Infarct	Oct. 31, 1934

Other contributory [redacted] of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Murray Hiles M. D.

(Address) 18 E. Eager St. Baltimore

M. D. B. 1268-9

06180 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 06180

CERTIFICATE OF DEATH

✓ 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Walbrook Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Lewis Doerr

(a) Residence: No. 1822 Walbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie K. Doerr

7. DATE OF BIRTH (month, day, year) Oct. 7, 1878

8. AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	56		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Electri-
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cian. Cons. Gas Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Conrad Doerr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katie Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. S. Kaufman,
(Address) 1822 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Nov. 4, 1934
Undertaker David Sondheimer & Co.
(Address) 1902 Eutaw Place

19. FILED Nov 2 1934 Hamilton Entrance

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from February, 1934, to Nov. 1, 1934

I last saw him alive on October 31, 1934 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Chronic	1 year

Other contributory causes of importance:

Arteriosclerosis	1 year
Senile degeneration of heart	Sudden

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. S. Kaufman, M. D.

(Address) 8 East Read St.

H. D. B. 1269-9

F 06181

HEALTH DEPARTMENT—CITY OF BALTIMORE

06181

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 36 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie McLaughlin

(a) Residence: No. 114 Calvin St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 8/1898

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	11		

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Innes

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Lucy Crain

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date Nov 3rd 1934

19. UNDERTAKER Ethan Allen

(Address) 1005 Pennsylvania Ave.

20. FILED Nov 4th 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1934 to Oct 30 1934

I last saw her alive on Oct 30 1934 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized tuberculous adenitis	1 yr ago
Pulmonary tuberculosis	8 mos ago
Tuberculous meningitis	2 wks ago

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Sputum Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. D. Stebbins M. D.

(Address) The Johns Hopkins Hospital

H. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06182

06182

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 15-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Max Sherman

(a) Residence: No. 2600 Violet Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate

7. DATE OF BIRTH (month, day, year) 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Jacob Sherman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Reba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Kate Sherman (Address) 2600 Violet Ave.

18. BURIAL, CREMATION, OR REMOVAL 11-4-34

Place Rosedale Date 19

19. UNDERTAKER Jack Levin Inc (Address) 1439 E. Baltimore St. Huntington Woodlawn, Md.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/31 1934 to 11/2 1934

I last saw him alive on 11/2 1934. Death is said to have occurred on the date stated above, at 11.27 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset: Oct

Accident

Other contributory causes of importance:

Hypertension

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul E. Carlines M. D.

(Address) Sinai Hospital

M. D. F 1268-9

F 06183

06183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 17-21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Hendrickson

(a) Residence: No. 2436 St Paul St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 2

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
26	26			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Coroner Report
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Portland Oregon 11/3/38

UNDERTAKER Philip Henry Doyle
(Address) 2016 Orleans St.

FILED 1934 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Investigation not Completed	
Chronic Cystic Pancreatitis	

Other contributory causes of importance:

Lobar Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) P J Herzog M D Coroner, M. D.

(Address) 1305 N Patterson Park Ave

M. D. B. 1268-9

F 06184

HEALTH DEPARTMENT—CITY OF BALTIMORE

06184

CERTIFICATE OF DEATH

V 124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 E. Chestnut Hospital (Ward) 6-01

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christopher F. Byrne

(a) Residence: No. 610 E. Chestnut Hospital Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of [illegible] Martha A. Byrne

6. DATE OF BIRTH (month, day, year) 1864

7. AGE: Years 70; Months ...; Days ...; If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME dont know

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME dont know

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT George F. Byrne
(Address) 610 E. Chestnut Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath. Date 11/5 1934

19. UNDERTAKER J. A. Moran
(Address) 3000 E. Balto.

20. FILED 1934 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29 1934 to Nov 1 1934

I last saw him alive on Nov. 1 1934. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis	many years

Other contributory causes of importance:

Chronic Nephritis	many years
	Last attack 4 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. A. Kress M. D.

(Address) 5600 York Rd.

M. D. F. 1263-B

F 06185

F 06185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 33rd & Calvert St. 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie Haynes

(a) Residence: No. Texas, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

6a. If married, widowed, or divorced — WIFE of (or) HUSBAND of: Jos. A. Haynes

6. DATE OF BIRTH (month, day, year): June 1, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Indiana

13. NAME: John Murell

14. BIRTHPLACE (city or town) (State or country): London, Eng.

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): London Eng.

17. INFORMANT (Address): Jos. A. Haynes Texas Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Joseph Lodge Mt. Date: Nov. 5, 1934

19. UNDERTAKER (Address): Wm. C. Brooks & Son Sparks, Md

FILED 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/3/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/2/34, 19, to 11/3/34, 19

I last saw her alive on 11/3/34, 19. Death is said to have occurred on the date stated above, at 3.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumo coccus Septicemia	10/31/1934
Pneumococcus Meningitis	10/31 ?
Lobar Pneumonia Rt	10/31 ?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A Alexander, M. D.

(Address) Union Memorial Hosp

Tel Ca 7200

F 06186

F 06186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46

Registered No.

1. PLACE OF DEATH St. Agnes Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fulton & Catons 25-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allen Henderson

(a) Residence: No. 721 Bolton St. Fairmont, W. Va. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of? Anna J. Henderson

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME

14. BIRTHPLACE (city or town) (State or country) Marion Co W. Va

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Marion Co W. Va

17. INFORMANT Oliver Carpenter

(Address) Fairmont W. Va

18. BURIAL, CREMATION, OR REMOVAL

Filed Lady Creek W. Va Date 11/5 34

19. UNDERTAKER Williams & Cook

(Address) 1214 St Paul Street

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-25 . 1934, to 11-2 . 1934

I last saw him alive on Nov 2 . 1934 Death is said to have occurred on the date stated above, at 11 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum with metastasis	1932
Pulmonary Embolism	11-2-34

Other contributory causes of importance:

Name of operation Appendicostomy & Perineal Colostomy Date of 10-26

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robt. F. Healy . M. D.

(Address) St. Agnes Hospital

M. D. F 06187 Dunn F 06187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Dunn

(a) Residence: No. 12 Hillside Ave St., ... Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Nov. 2, 1934

8. AGE	Years	Months	Days	If LESS than 1 day 6½ hrs. or ... min.
	—	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME W. C. Dunn

14. BIRTHPLACE (city or town) (State or country) Westchester, Penn.

15. MAIDEN NAME Dora Julia Baker

16. BIRTHPLACE (city or town) (State or country) Meyersdale, Penn.

17. INFORMANT, Hospital Record

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Cumberland Md. Date Nov 3 1934

19. UNDERTAKER Stuart Mowbray Co.

(Address) 1020 Eutaw Place

20. FILED ... 19... ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 - 1:00 P.M. 1934 to 7:30 P.M. Nov 2 1934

I last saw ~~him~~ alive on Nov 2 1934 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Umbilical hernia Congenital atelectasis	

Other contributory cause of importance:

Maternal toxemia

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Lew N. Barnaby M. D.

(Address) Maryland General Hosp.

F 06188

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06188

CERTIFICATE OF DEATH

89-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4-9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ALBERT A. DRAPER.

(a) Residence: No. 2196 BALTIMORE ST, HAGERSTOWN MD. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE.

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	19			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

13. NAME Albert Draper

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Annie Hadwick

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Andrew Wardman
(Address) Hagerstown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md Date 11/6/34 19

19. UNDERTAKER Funkhouser Bros
(Address) 1439 E. Balto St

20. FILED 11/4 1934 Hagerstown Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-1934.

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1934 to 11-3 1934

I last saw h[illegible] alive on 11-3 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PURULENT MENINGITIS	?
BRAIN ABSCESS	?
Other contributory causes of importance:	
BILATERAL CHRONIC	?
OTITIS MEDIA	?
ACUTE MASTOIDITIS, LEFT	?

Name of operation SPINAL PUNCTURE Date of ...

What test confirmed diagnosis? Was there an autopsy? YES.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify ...

(Signed) W. K. Fleming M. D.

(Address) University Hospital

F 06189

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06189

CERTIFICATE OF DEATH

Dr Romney - Roland ave

92-007.30

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4821 Palmer ave Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Samuel Garonzik

(a) Residence: No. 3025 Oakley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	W.	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena

DATE OF BIRTH (month, day, year) 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Benjamin Garonzik

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Mary

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Garonzik
(Address) 3025 Oakley ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 11/4/34 19

19. UNDERTAKER Fred Lenz Fox
(Address) 1439 E. Baltimore st

20. DATE 1934 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John L. Hornsey M. D.
Coroner

(Address) 3632 Roland ave

M B F 06190

F 06190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto Gen. Hosp St. 15-61 Ward)

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adala P. FISHER

(a) Residence: No. 4214 Pen. Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) January 28-1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Harry

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jena Caplan

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Interred Southern, Inc Date 11/4/34 19

UNDERTAKER Jack Lewis Inc
(Address) 1437 E. Balto St

FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/3/34 19

22. I HEREBY CERTIFY, That I attended deceased from ungiven 19 to 19

I last saw h alive on ungiven 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns of both legs	10/14/34
Nephritis	10/17/34
Toxemia	10/20/34

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/14. 1934.

Where did injury occur? Long's Station Annapolis Blvd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident.

Manner of injury Auto in which she was riding

Nature of injury upset & caught a fire.

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2252 E Madison St

F. D. B. 1268-9 F 06191

F 06191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2916 9F

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 27-61 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beulah Smith

(a) Residence: No. 6017 Pinehurst Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of: Joseph S. Smith

DATE OF BIRTH (month, day, year): 4-30-93

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 0-7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Soap

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME: James Atkins

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Mary Udall

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL: Peninsular Memorial Park

Place Newport News Va Date Nov 4 1934

UNDERTAKER: Wm Cook

(Address) 1217 St Paul st.

FILED 4 1934 19 Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1934, to Nov 3, 1934

I last saw her alive on Nov 3, 1934. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia, B. Coli	10-30-34
Pneumonia	11-1-34

Other contributory causes of importance:

Pyelitis, B Coli	10-22-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Eichelberger, M. D.

(Address) Johns Hopkins Hosp.

F. D. B. Form 8-9 F 06192

F 06192

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92.001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Gwynn Falls Ave St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lavan Hayes Risvender

(a) Residence: No. 3022 Gwynn Falls Ave St. Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of: Elsie Risvender

7. DATE OF BIRTH (month, day, year): Jan 4, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa.

13. NAME of father: Jacob Hayes

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME of mother: Susan Hayes

16. BIRTHPLACE (city or town) (State or country): Pa

INFORMANT: Mrs J Risvender

(Address) 2315 Fulton Ave

BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Nov 6 1934

UNDERTAKER: Wm Cook

(Address) 1217 St. Paul St

FILED Nov 4 1934 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1934 to Nov 3 1934

I last saw her alive on Nov 3 1934. Death is said to have occurred on the date stated above, at 3.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Pernicious Anemia	15 yrs.
2- Bronchial Pneumonia	5 days.
3- Rheumatic Heart with mitral insufficiency	?
Other contributory causes of importance:	
Syphilis	?

Name of operation: Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl Le Roy Chambers M. D.

(Address) 4804 Liberty Hts. Ave

F 06193

D. P. 12 F 06193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 209

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) W. Balto Hosp St. 27-01 Ward)
Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Staff
(a) Residence: No. 5702 Elmer Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | Color or Race White | Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie E. Staff

DATE OF BIRTH (month, day, year) Feb 12 1877

AGE: Years 63 | Months 8 | Days 20 | If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 34

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Anton Staff

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Maria Tucker

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT (Address) Hattie Staff 5702 Elmer Ave

BURIAL, CREMATION, OR REMOVAL Date Nov 7th 1934

Place Loraine Co

UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED Nov 7 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2nd 1934

I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said

I last saw h... alive on Nov 2nd 1934

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident Fractured Skull	
Other contributory causes of importance: Struck by Street Car	

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 2nd 1934

Where did injury occur? Balto Nov & Mulberry (Specify city or town, county or State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Struck by Street Car

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Leek M. D.
Coroner

(Address)

F. D. H. 1268-9

F 06194

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06194

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Velma Reynard

(a) Residence: No. 3547 Harlan Ave. Brooklyn Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, year) June 14 1934

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Reynard

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Bessie Wilder

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 7. 1934

19. UNDERTAKER C. Howard Evans

(Address) 324 Fort Ave

FILED 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1934 to Nov 3 1934

I last saw h alive on Nov 3 1934 Death is said to have occurred on the date stated above, at 2.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro enteritis	10-28-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dorothy Schwentker M. D.

(Address) Johns Hopkins Hospital

D. H. 1269-9

✓ M F 06195

F 06195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Ward) 12-21

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifford Himmel

(a) Residence: No. 2647 Hampden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

DATE OF BIRTH (month, day, year) May 1, 1926.

AGE Years	Months		If LESS than 1 day, hrs. or min.
8			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — "

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) — md.

13. NAME Samuel Himmel.

14. BIRTHPLACE (city or town) (State or country) — md.

15. MAIDEN NAME Addie Johnson

16. BIRTHPLACE (city or town) (State or country) — md

INFORMANT Samuel Himmel

(Address) 2647 Hampden Ave

BURIAL, CREMATION, OR REMOVAL

Woodlawn Date 11-5- 1934

UNDERTAKER Thanhauser & Son

(Address) 3615 Eastern Ave

FILED Nov 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19 . to 19 .

I last saw h alive on Nov 2 19 34 Death is said to have occurred on the date stated above, at 7½ P m

The principal cause of death and related causes of importance were as follows:

Fractured Base of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? Med Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/2 1934

Where did injury occur? Bernard & 27th Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place — Street Accident

Manner of injury Struck by auto as he was crossing Bernard St.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph Paterno M. D. Coroner

(Address) 2202 E Madison St

M. D. B 1268-9

F 06196

F 06196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore Union Hospital

CITY OF BALTIMORE: (No. 16-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry I. Uhler

(a) Residence: No. 1920 Riggs Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary L. Uhler

6. DATE OF BIRTH (month, day, year) Feb 22 1861

7. AGE: Years 73 72; Months 8; Days 12 11; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63

10. Date deceased last worked at this occupation (month and year) Oct. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Caleb Uhler

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Rebecca Baxter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11, 5, 34 19

19. UNDERTAKER Lee L. Berger Jr.

(Address) 1121 Collins Ave

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1934 to Nov 3 1934

I last saw h[illegible] alive on Nov 3 1934 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Cellulitis right foot	Oct. 1934
Toxemia	Oct. 1934

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jean Rehmeyer M. D.

(Address) West Baltimore Gen Hosp

F 06197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06197

CERTIFICATE OF DEATH

47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 Linden Ave St. 14-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gruda Marie Hofman

(a) Residence: No. 1524 Linden Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 23 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Albert Hofman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Matilda Hoffmann

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Emma Hoffman

(Address) 633 Gabbert Ave

BURIAL, CREMATION, OR REMOVAL

Place St Matthews Date 11/6 1934

UNDERTAKER W M Cook

(Address) 1519 E Baltimore St

FILED 11/6 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Nov 3 1934

I last saw alive on Nov 3 1934 Death is said to have occurred on the date stated above, at 10 05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	18 mos

Other contributory causes of importance:

Chronic Valvular disease of Heart	1 yr

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) W L Gibson M. D.

(Address) 6111 N. Rinaldi

F 06198

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06198

CERTIFICATE OF DEATH

X 121

Registered No.

1. PLACE OF DEATH University Hospital 4-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Belle Piper

(a) Residence: No. Doylesburg Pa. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Albert Johnson Piper.

DATE OF BIRTH (month, day, year) July 21, 1878

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 10-20-34

11. Total time (years) spent in this occupation 38

BIRTHPLACE (city or town) (State or country) Doylesburg Pa

13. NAME Taylor Goshorn

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Path Valley Pa.

INFORMANT Albert Johnson Piper

(Address) Doylesburg, Pa.

BURIAL, CREMATION, OR REMOVAL

Place Fort Royal Pa Date 11/4 34

UNDERTAKER William Cook

(Address) 1275 St Paul St

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-34. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1934 to Nov. 3 1934

I last saw her alive on Nov. 2 1934. Death is said to have occurred on the date stated above, at 7 35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	Jan 1934
Cardiac Failure	Nov 2/1934

Other contributory causes of importance:

Name of operation Cholecystectomy + Appendectomy Date of Nov 2 34

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Harold B. McNally M. D.

(Address) University Hospital

F 06199 ✓ F 06199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 431 S. Paca Street S 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hester Kelley

(a) Residence: No. 431 S. Paca Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
(or) WIFE of John W. Kelley

DATE OF BIRTH (month, day, year) About 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	69 Years			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Jephosus Kelley

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Kelley

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mr. Theopholus Kelley
(Address) 431 S. Paca St.

BURIAL, CREMATION, OR REMOVAL Date Nov 3, 1934

PLACE Western Cem.

UNDERTAKER H. A. Tucker & Sons
(Address) North Ave

FILED Nov 4 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934 to Nov 1, 1934

I last saw her alive on Nov 1, 1934 Death is said to have occurred on the date stated above, at 9 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Chr Myocarditis	?
Coronary Thrombosis	11-1-34

Name of operation Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Miles M. D.

(Address) 68 Washington Blvd

F. 06200

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 06200

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2721 St. Paul St., 12-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne Eulalian Yewell

(a) Residence: No. 2721 St Paul St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Yewell

7. DATE OF BIRTH (month, day, year) July 7, 1865.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	3	26	

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Millersville Md.

13. NAME OF FATHER Christopher Prather

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Jane Ann Smith

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mr. Bernard Crozier

(Address) 2721 St Paul St.

BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Nov 5. 34

Place ... Date ...

UNDERTAKER Lem J. Rueg Sons

(Address) North & Pearl Sts.

Nov 4 1934 ... Nov 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1934 to Nov 2, 1934

I last saw her alive on Nov 2, 1934 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus -	1920
Acute pulmonary edema	
Pneumonia Lt. lung all of	

Other contributory causes of importance:

arteriosclerosis -

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Harry D. McCarty, M. D.

(Address) 87 W. Preston

F 06201

F 06201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7201 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tony Nelson

(a) Residence: No. 823 N. McDonogh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lena

DATE OF BIRTH (month, day, year) March 29, 1889

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	7	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Elijah

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Rita ?

16. BIRTHPLACE (city or town) (State or country) S. C

INFORMANT Friends

(Address) Balt. City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Druid cemetery Date Nov 5 1934

UNDERTAKER Edw Berman

(Address) 1631 Orleans St

FILED Nov 4 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1934, to Nov 1 1934

I last saw him alive on Nov 1 1934 Death is said to have occurred on the date stated above, at 8 45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Myocardial Insufficiency	6 wks
Congestive failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magruder M. D.

(Address) Balt City Hosp

F 06202

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06202

93003

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 S Caroline St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Palmer

(a) Residence: No. 36 S Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Luther Palmer

DATE OF BIRTH (month, day, year) 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Edward Wilson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ruth Harris

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Luther Palmer

(Address) 36 S Caroline

BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date Nov 4. 1934

UNDERTAKER Edw Bryan

(Address) 1631 Orleans St

FILED Nov 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance: Indigestion	

Name of operation ..... Date of .....

What test confirmed diagnosis? Nest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C C Herzog M. D.
Coroner

(Address) 1205 N Bellevue Ave

F 06203

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06203

98

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Alexander.

(a) Residence: No. 2520 Greenmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 25, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME William Alexander

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Mary Barker.

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Hospital Records
(Address) 2520 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Nov. 5, 1934

19. UNDERTAKER Margaret E. Flynn
(Address) 1422 Light St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1. 1934 to Nov. 3. 1934
I last saw h alive on Nov. 2- 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old Age	
Senile Gangrene	July 1. 34

Other contributory causes of importance:

Exhaustion

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Thomas E. Blake M. D.

(Address) 410 Med Arts Bldg

M. D. F. 268

F 06204

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06204

51

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1735 Poplar Grove St. St., 15-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. G. Rever

(a) Residence: No. 1733 Poplar Grove St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie J. Swearer

7. DATE OF BIRTH (month, day, year) Sept. 1, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Ferdinand Rever

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Wilhelmina

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs. Lillie S. Rever 1733 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemy. Date 11/5/34 19

19. UNDERTAKER John B. Mitchell Funeral. (Address) 1900 Edgar Place

20. FILED 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 34, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1934 to Nov 2, 1934

I last saw him alive on Nov 1, 1934 Death is said to have occurred on the date stated above, at 1 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	
Terminal Pneumonia Broncho.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Howard Donally M. D.

(Address) 817 Park Ave.

F 06205

M. D. B. 1268-9

F 06205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital St. 17-01 Ward)

CITY OF BALTIMORE: (No. ..... St.

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Tyler

(a) Residence: No. 612 George St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ? 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Undertaking
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Samuel Tyler

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME E. Watson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Joseph D. Tyler
(Address) 1417 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Monumental Date Nov. 7/1934

19. UNDERTAKER Mrs. Joseph D. Tyler
(Address) 1417 McCulloh
Funeral Home Williamsport Md.

20. FILED NOV 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1934 to Nov 2, 1934

I last saw h— alive on Nov. 2, 1934 Death is said to have occurred on the date stated above, at 3 45/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	3 mos

Other contributory causes of importance:

Diabetes Mellitus

Name of operation Exploratory Date of 10/31/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Bernard Thyson M. D.

(Address) Provident Hospital

Rec. 2-29-28 I. F. F 06206

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06206

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Madison Ave., ST. 11-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mary E. Bentley

(a) RESIDENCE NO. 1300 Madison Avenue ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis

DATE OF BIRTH (month, day, and year) Feb 8 - 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	23	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) King & Queen Co. Va

10 NAME OF FATHER Peter Robinson

11 BIRTHPLACE OF FATHER (city or town) (State or country) King & Queen Co. Va.

12 MAIDEN NAME OF MOTHER Hinetta Baker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) King & Queen Co. Va.

Informant Martha B. Pulley

(Address) 1300 Madison Ave

Filed 4 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct. 31, 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct. 24, 1934, to Oct. 31, 1934

that I last saw her alive on October 31, 1934

and that death occurred, on the date stated above, at 2:30 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Nephritis and Ulcer of Stomach (duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Muth M.D. M. D.

, 19 (Address) 1344 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Nov. 4/ 1934

20 UNDERTAKER Wm. George C. Holland

ADDRESS 1 Druid Hill

M. D. F. 1568-9

F 06207

F 06207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maurice Goldsmith

(a) Residence: No. 927 Brooks Lane St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced
HUSBAND of (or) WIFE Reta W. Goldsmith

6. DATE OF BIRTH (month, day, year) Nov. 4 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laymaster 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cohen Bros.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME OF FATHER Isaac Goldsmith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Rosa Goodman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. R. Goldsmith

(Address) 927 Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Fort Lincoln Cem. Date Nov. 5 1934

19. UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

FILED NOV 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 31 1934 to Nov. 3 1934.

Last saw h alive on Nov 3, 1934. Death is said to have occurred on the date stated above, at 12 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hepatitis	Oct 30

Other contributory causes of importance:

Chronic Nephritis
Chr. Myocarditis

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Offerman M.D. M. D.

(Address) Sinai Hospital

F 06208 F 06208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (Ward)

Length of residence in city or town where death occurred yrs. mos. 13 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Erastus Williams

(a) Residence: No. Annapolis Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Williams

6. DATE OF BIRTH (month, day, year) Dec 22. 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergymen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT E. Williams

(Address) Galesville maryland

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date November 5 1934

19. UNDERTAKER Joseph A. Lively

(Address) 1409 N. Mount Street

20. FILED Huntington Williams Registrar.

1934 5

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1934 to Nov 1 1934

I last saw h[illegible] alive on Nov 1 1934 Death is said to have occurred on the date stated above, at 7 40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Vincent's Angina	1934 Oct 22
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel E. Bozard M. D.

(Address) Sydenham Hospital

F 06209

F 06209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 505 Mt Holly. St. 20-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clergy Pearce Probst
(a) Residence: No. 505 Mt Holly St St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Caroline Probst.

DATE OF BIRTH (month, day, year) July 26 - 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supervisor 686
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & B. Telephone Co.
10. Date deceased last worked at this occupation (month and year) 11-2-34
11. Total time (years) spent in this occupation 34.

12. BIRTHPLACE (city or town) Lock Haven
(State or country) Pa.
13. NAME Daniel Probst
14. BIRTHPLACE (city or town) Swanvale
(State or country) Pa.
15. MAIDEN NAME Harriett Smith
16. BIRTHPLACE (city or town) Lock Haven
(State or country) Pa.
17. INFORMANT Caroline Probst.
(Address) 505 Mt Holly St.
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 11/5/34 19
19. UNDERTAKER Leo Wilhelm & Son
(Address) 3503 Edmondson Ave.
FILED 19 Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 15 - 1922 to November 3 - 1934.
I last saw him alive on 10-17 - 1934 Death is said to have occurred on the date stated above, at 12:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	11-3-34
Other contributory causes of importance: Organic Heart Disease	unknown

Name of operation none Date of
What test confirmed diagnosis? history & S. Was there an autopsy? no
23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no If so, specify
(Signed) Chester Riland, M. D.
(Address) 2532 Edmondson Ave.

B. D. 1268-a

F 06210 ✓ M F 06210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital St. 3 Ward)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Franklin Burns

(a) Residence: No. 712 Berry St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

If married, widowed or divorced HUSBAND of (or) WIFE of: Lida Coale Burns

6. DATE OF BIRTH (month, day, year): Aug. 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	3	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Benjamin F Burns Jr

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Rachel Cross

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Lida Coale Burns

(Address): 712 Berry St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cornid Ridge Date: Nov. 7, 1934

19. UNDERTAKER: John Burns Sons

(Address): Towson Md.

20. FILED 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19..., to ..., 19...

I last saw h... alive on Nov. 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures — Shock — Date of onset

Other contributory causes of importance: Automobile Accident

Name of operation none Date of ...

What test confirmed diagnosis: none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 11-4-1934

Where did injury occur? Roland Ave & University Pkwy (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Traffic Accident

Manner of injury: Struck by auto while crossing Street

Nature of injury: Multiple Fractures

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph O'Connor, M. D. Coroner

(Address) 222 E. Redwood St.

AaCo. 5-[illegible]250M E 06211

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06211

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. ..... St. 19-C Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theodore Price

(a) Residence: No. 1423 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
26			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (city or town) (State or country) North Carolina
13. NAME Jesse W. Price
14. BIRTHPLACE (city or town) (State or country) North Carolina
15. MAIDEN NAME Georgia Moreyay
16. BIRTHPLACE (city or town) (State or country) North Carolina
17. INFORMANT Fortune Reynolds
(Address) .....
18. BURIAL, CREMATION, OR REMOVAL
Place Greenbow N C Date 11-4, 1934
19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Baltimore St
20. FILED 4 1934, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1934, to 11-2, 1934
I last saw h.im alive on 11-2, 1934 death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral hysterectomy with edema	
2. Acute Stenosis	
3. Pulmonary tuberculosis	

Other contributory causes of importance:

1. Endocarditis	
2. Hypostasis	
3. Acquired failing	

Name of operation ..... Date of operation .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

Dates received from Fortune Reynolds 11-4-34

28. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) C. L. Somers, M. D.
(Address) Franklin Square Hospital

D. P. 1268-9

F 06212

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06212

John Albert Chew Jr

82-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (111)
CITY OF BALTIMORE: (No. Franklin Square Hospital 18-01 Ward)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert Chew Jr

(a) Residence: No. 215 N. Carlton Street. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernice Chew

DATE OF BIRTH (month, day, year) June 10-1901.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John A. Chew

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Lena Cromwell

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mrs. Lena Cromwell
(Address) 204 N. Arlington Ave.

BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Nov 5, 1934

UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St.

FILED NOV 5 1934 Arlington Williams, N.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 11.45 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct. 31 1934
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....
What test confirmed diagnosis Inquiry Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos L. Cahoon M. D.
Coroner
(Address) 16 South Broadway

M. D. B. 1268-A

F 06213

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06213

CERTIFICATE OF DEATH

Registered No. 107-001

1. PLACE OF DEATH Good Shepherd Ben Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N Gilmor St. 16-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus Caesar

(a) Residence: No. 638 N. Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Married

6. If married, widowed, or divorced RUSBAND of ~~WIFE~~ of Mary Caesar

7. DATE OF BIRTH (month, day, year) 10/12/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	52	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

13. NAME Junius Caesar

14. BIRTHPLACE (city or town) (State or country) St Mary's Co., Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Henry Newton

(Address) 552 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL Place St Peters Date Nov 5, 1934

19. UNDERTAKER Mrs. Kate P. Williams

(Address) 3221 Schroeder St.

FILED 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1934 to 10/31, 1934

I last saw him alive on 10/31, 1934. Death is said to have occurred on the date stated above, at 945 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Other contributory causes of importance: Acute Respiratory Infection	3 days

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carsen C. Johnson M. D.

(Address) 632 Baker St

F 06214

F 06214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH — Baltimore City Hospitals — St. 12 Ward

CITY OF BALTIMORE: (No.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Carsley Meggett

(a) Residence: No. 1723 Brentwood St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — Male
4. COLOR or RACE — Colored
5. Single, Married, Widowed or Divorced (write the word) — Married

If married, widowed, or divorced — HUSBAND of (or) WIFE of — Cullom Meggett

DATE OF BIRTH (month, day, year) — Oct 12, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	0	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home
10. Date deceased last worked at this occupation (month and year) — ?
11. Total time (years) spent in this occupation — Life

BIRTHPLACE (city or town) (State or country) — Maryland

12. NAME — Isaac Meads
13. BIRTHPLACE (city or town) (State or country) — Maryland
14. MAIDEN NAME — Laura Smith
15. BIRTHPLACE (city or town) (State or country) — Maryland

INFORMANT — Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 5, 1934

UNDERTAKER — Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

FILED Nov 5 1934 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Oct 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1934 to Oct 31 1934

I last saw h[illegible] alive on Oct 31 1934 Death is said to have occurred on the date stated above, at 11:50 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia & Colon — Duration 1 mo

Other contributory causes of importance:

Bronchio-pneumonia — 10-26-34

Name of operation — none — Date of — No

What test confirmed diagnosis? — Was there an autopsy? — No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? — No — If so, specify

(Signed) Samuel A. Hoyt, M.D.
(Address) Baltimore City Hospitals, Balto. Md.

F 06215

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06215

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ? Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Boyer

(a) Residence: No. 211 W 23rd St., ... Ward. Tolchester Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hester (Leg)

7. DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME Esther ?

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

INFORMANT Records Balt City Hosp

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Tolchester, Md Date Nov 7, 1934

UNDERTAKER Mrs. Katie F. Williams

(Address) 321 S. Schroeder St. Huntingtown Baltimore, Md

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934 to Nov. 2, 1934

I last saw h.. alive on Nov 2, 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C. N. S. Syphilis	?
Pneumonia, Hypostatic	2 hrs?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) Balt City Hosp

F 06216

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06216

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lottie Smith

(a) Residence: No. 109 N. Carlton St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Feb. 26, 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	8	5	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 070

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md

10. NAME Leonard Smith

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. MAIDEN NAME Julia Boone

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. INFORMANT Robert Smith (brother)
(Address) 109 N Carlton St

15. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Nov 6, 1934

16. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 E. Schroeder St

FILED NOV 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	
automobile Accident	✓

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/1, 1934

Where did injury occur? Fayette & Carlton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto, while walking along street

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ✓

(Signed) Joseph Paterno Coroner M. D.

(Address) 2109 E Madison St.

F 06217

F 06217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 4-C (Ward)

Length of residence in city or town where death occurred 25 Years yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anthony Cascio

(a) Residence: No. 310 N. Pearl Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace Eckenrode

6. DATE OF BIRTH (month, day, year) Nov. 20, ~~1934~~ 1887

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
46	11	12	#######

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore Cascio

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Catherine Gigilo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Lucy Liberto

(Address) 631 W. Saratoga Street

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem Date Nov. 5, 1934

Place .....

19. UNDERTAKER [illegible]

(Address) [illegible]

FILED ..... 19 ..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Respiratory Failure	
due to Intoxication Poison.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 1205 N. Patterson Park Ave.

F 06218

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06218

CERTIFICATE OF DEATH

192-001

Registered No. 90-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 16 N. Bentalou St. St., 90-61 Ward)

Length of residence in city or town where death occurred 49 yrs. 6 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick W. Wolff

(a) Residence: No. 16 N. Bentalou St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna L. Wolff (nee Spalt)

DATE OF BIRTH (month, day, year) April 13, 1885.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector 672

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eaton Coal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Frederick C. Wolff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frances D. Keefe

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Mrs. Edna L. Wolff

(Address) 16 N. Bentalou St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 5, 1934

UNDERTAKER Leary & Burke

(Address) 101 Edmondson Ave.

FILED Nov 5 1934 19 Registrar.

Hunter for Military 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 26, 1934 to Nov. 2, 1934

I last saw h[illegible] alive on Nov. 2, 1934. Death is said to have occurred on the date stated above, at 4 p. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency.	1917

Other contributory causes of importance:

Acute Dil. of Heart	Oct. 30
Acute Pneumonia, Typhoid	Nov. 1

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) E. S. Shaw M. D.

(Address) 216 Cathedral St.

M. D. B. 1268-9

06219 HEALTH DEPARTMENT—CITY OF BALTIMORE 06219

CERTIFICATE OF DEATH

92-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 W Franklin St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Garrett

(a) Residence: No. 833 W Franklin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sula Garrett

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sula Garrett

(Address) 833 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 11/6/34

19. UNDERTAKER Frances A. Hemsley

(Address) 518 W. Saddle St.

20. FILED 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-1934

22. I HEREBY CERTIFY, That I attended deceased from May 15 1934 to Nov 2 1934

I last saw him alive on Oct 31 1934. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	May 15 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. W. Gibson M. D.

(Address) 1101 Druid Park

B. B. 1265-9

Clear Brown

F 06220

6220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 592 W. Biddle St. 10-21 Ward)

Length of residence in city or town where death occurred 1y yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clear Brown

(a) Residence: No. 592 W. Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katie Brown

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laylor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 180

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warm Spring Ga.

13. NAME Moses Brown

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Celia ?

16. BIRTHPLACE (city or town) (State or country) Ga

INFORMANT Katie Brown

(Address) 592 W. Biddle St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date 11/2/ 1934

UNDERTAKER Francis A. Dymslow

(Address) 578 W. Biddle St.

FILED NOV 5 1934 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 - 2 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 10 - 27 1934 to 11 - 2 - 1934

I last saw him alive on 11 - 2 - 1934 Death is said to have occurred on the date stated above, at 9:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	10-27-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) H H Conger M. D.

(Address) 611 N. Carolina

F 06221

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06221

CERTIFICATE OF DEATH

+ 72-002

Registered No.

1. PLACE OF DEATH Union Mem. Hosp. St., 76-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Thomas Lewis Rishell

(a) Residence: No. 6905 Belair Rd St., Ward. Balto Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Adeneale Rishell

7. DATE OF BIRTH (month, day, year) Mar 17, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager 056

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Mill

10. Date deceased last worked at this occupation (month and year) Sept 1927

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Alexandria Va.

13. NAME Thomas B Rishell

14. BIRTHPLACE (city or town) (State or country) Reading, Pa.

15. MAIDEN NAME Emma Rudd

16. BIRTHPLACE (city or town) (State or country) Alexandria Va

17. INFORMANT Mrs. I. A. Rishell

(Address) 1305 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL Place Alexandria, Va Date Nov. 6, 1934

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Pa Ave.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-18, 1934 to 11-4, 1934

I last saw him alive on 11-3, 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart disease	
Hodgkins Disease	Feb, 1924

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Biopsy Feb 1934 Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen, M. D.

(Address) Union Memorial Hospital

F 06222

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06222

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2314 Harford Rd., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J. Hall

(a) Residence: No. 2314 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nettie Hall

DATE OF BIRTH (month, day, year) Jan - 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Unknown Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nettie Hall

(Address) 2314 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Nov-5 1934

19. UNDERTAKER Geo. C. Miller & Son

(Address) 2433 E. Oliver St.

20. FILED Nov 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATH OF DEATH (month, day, year) Nov - 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 18 1934 to Nov. 3 1934

I last saw him alive on Oct 29 1934 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	2 mo. prior

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Heller M. D.

(Address) 1937 Gough

F 06223

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06223

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4201 Penhurst Ave. St. 28-01 Ward)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura V. Soran

(a) Residence: No. 4201 Penhurst Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 7 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 69

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles J. Soran

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Hannah G. Burke

16. BIRTHPLACE (city or town) (State or country) Holland

INFORMANT Ida G. Soran

(Address) 4201 Penhurst Ave.

17. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date Nov 6 19 34

UNDERTAKER Harry McMacken Son

(Address) 4204 Ridgewood Ave.

FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1934 to Nov 4 1934

I last saw h[illegible] alive on Nov 4 1934 Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 3 34
Cerebral Softening	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Chas W. Lamont M. D.

(Address) 1327 Park Ave

F 06224

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06224

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Parish St. 16-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..16.. yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Annie Brown

(a) Residence: No. 809 Parish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sherman Brown

DATE OF BIRTH (month, day, year) 1878

AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress and ironer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 041

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation Longtime

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Mr Figueroa

14. BIRTHPLACE (city or town) Cuba
(State or country)

15. MAIDEN NAME Annie Ross

16. BIRTHPLACE (city or town) Calvert Co.
(State or country)

17. INFORMANT Mabel Gilly

(Address) 1130 Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemy Date Nov 6 34, 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pressman st

FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-24, 1934, to 11-2, 1934

I last saw her alive on 10-31, 1934. Death is said to have occurred on the date stated above, at 9:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept 1934

Other contributory causes of importance:

Lung hemorrhage	1 hour

Name of operation None Date of .....

What test confirmed diagnosis? Typical symptoms Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank A Saunders, M. D.

(Address) 1029 N Eutaw St

D. B. 1268-8

F 06225

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06225

CERTIFICATE OF DEATH

✓ 92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1302 Riggs Av. (St.) 16-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Jackson

(a) Residence: No. 1302 Riggs Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Col | 5. Single, Married, Widowed or Divorced: Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Lincoln

DATE OF BIRTH (month, day, year): April 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	6	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year): 7-8-34

11. Total time (years) spent at this occupation: ...

BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: Barney Jackson

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME OF MOTHER: Mollie Hall

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Mollie Jackson
(Address) Annapolis Md

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date Nov 5 1934

UNDERTAKER: Thos. E. Kelson
(Address) 1303 Presstman st.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

12. DATE OF DEATH (month, day, year): Nov 3, 1934

I HEREBY CERTIFY, That I attended deceased from ... 19..., to ..., 19...

I last saw h... Alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Mitral Stenosis — Date of onset

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Leuck, M. D.
Coroner

(Address) ...

M. D. B. 1268-B

F 06226

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06226

CERTIFICATE OF DEATH

✓ 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Lancaster St., 2-01 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jozefa Chlopicki

(a) Residence: No. 1728 Lancaster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced (or) WIFE of John Chlopicki

7. DATE OF BIRTH (month, day, year) Not Known

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	0	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Wojciech Budasky

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT John Chlopicki (Address) 1728 Lancaster St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date Nov 5 1934

19. UNDERTAKER William Fiedlowicz (Address) 1618 Eastern Ave

Nov 5 1934 Registrar. Wilmer, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1— 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1934 to Nov 1— 1934

I last saw her alive on Nov 1— 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Double - Acute Edema of both fore-legs -	1½ mos
Other contributory causes of importance:	
Bronchio - Pneumonia	6 Days

Name of operation ✓ Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ✓
No If so, specify ...

(Signed) Frank C Bowler M. D.

(Address) 125 S Bond —

M. D. P. 1268-9

6227

F 06227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Pritchett

(a) Residence: No. Sinai Hospital St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
white	male	—

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct. 31 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
newborn	—	—	4	3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto., Md
(State or country)

FATHER

13. NAME Benjamin Pritchett

14. BIRTHPLACE (city or town) Eastern Shore, Md
(State or country)

MOTHER

15. MAIDEN NAME Frances Fischer

16. BIRTHPLACE (city or town) Balto., Md.
(State or country)

17. INFORMANT Father
(Address) 3414 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov. 5 34

19. UNDERTAKER Filbert Weiskopf Son
(Address) 4032 Wolfe St.

20. FILED [illegible] Nov. 5 1934

VS 103A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1934, to 11-4, 1934

I last saw him alive on 11-4, 1934 Death is said to have occurred on the date stated above, at 2:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic disease of the Newborn	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Nathan Janney M. D.

(Address) Sinai Hospital

M. D. B. 1268-B

F 06228

06228 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1314 Greenmount Ave St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora E. Michael

(a) Residence: No. 1314 Greenmount Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Howard Michael

6. DATE OF BIRTH (month, day, year) August 9 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ekle Md.
(State or country)

13. NAME John E. Bull

14. BIRTHPLACE (city or town) Balto. Co. Md.
(State or country)

15. MAIDEN NAME Amanda Humpsher.

16. BIRTHPLACE (city or town) Balto. Co.
(State or country) Md.

17. INFORMANT Howard Michael.
(Address) 1314 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Ekle. Balto. Co. Md. Date Nov. 7 1934

19. UNDERTAKER John F Denny
(Address) 715 Eutaw St

Filed NOV 5 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from October 20 1934 to Nov. 3 1934

I last saw her alive on Nov. 3 1934 Death is said to have occurred on the date stated above, at 10.7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Other contributory causes of importance: Angina Pectoris	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 1125 Dolphin St

M. D. B. 1268-9

06229 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06229

CERTIFICATE OF DEATH

V 93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3508 White Ave. 93-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Albert

(a) Residence: No. 3508 White Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Albert

6b. DATE OF BIRTH (month, day, year): Jan 11, 1848

AGE: Years 86 | Months 9 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Russell Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: John Albert.

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katherine Frankenberger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr Andrew Enright

(Address): 3508 White Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Trinity Cem. Date: Nov. 5, 1934

19. UNDERTAKER: J. J. Heagney & Son

(Address): 52 S. Broadway

Filed: NOV 5 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 13, 1934 to Nov 3, 1934

I last saw h[illegible] alive on Nov 2, 1934 Death is said to have occurred on the date stated above, at 6:50 m.

The principal cause of death and related causes of importance were as follows: myocardial insufficiency — Date of onset Oct 31 1934

Other contributory causes of importance: Arterio Sclerosis — a number 7 years

Name of operation ✓ Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Baltimore Md

D. B 1268-9

06230 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06230

CERTIFICATE OF DEATH

✓ 174

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joe. Frank Williams

(a) Residence: No. 2011 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Williams

DATE OF BIRTH (month, day, year) 1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

13. NAME of Father Alex Williams

14. BIRTHPLACE (city or town) (State or country) U. S.

15. MAIDEN NAME of Mother Carrie Williams

16. BIRTHPLACE (city or town) (State or country) U. S.

INFORMANT Mary Lomax

(Address) 2108 Fairmount Ave

BURIAL, CREMATION, OR REMOVAL Mt. Auburn

Place Westminster Md Date Nov 5 34

UNDERTAKER Edgar A. Johnson

(Address) 2153 Druid Hill Ave

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd A. D. 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

That I saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... o'clock ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Multiple wounds	
Other contributory causes of importance: Stab wounds	

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury ... 19...

Where did injury occur? Madison the near Mt. Auburn
(Specify city or town and State)

Specify whether injury occurred in industry, in home or in public place ...

Manner of injury Stab wound

Nature of injury Pocket knife.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Lamb M. D.
Coroner

(Address) ...

F. D. P. 1268-9

F 06231

06231 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Belle Goldenberg

(a) Residence: No. 2306 Whitelock Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Dukelow

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Vennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Fulton Cemetery Date 11/5/34 19

19. UNDERTAKER Levi Levenson Co.

(Address) 1737 E Balto St.

FILED NOV 5 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1934, to November 4, 1934.

I last saw her alive on November 4, 1934. Death is said to have occurred on the date stated above, at 11:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism of the Central Nervous System - Paresis	
Bronchopneumonia - Type undetermined	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac J. Schwartz, M. D.

(Address) Sinai Hospital

F 06232

D. H. 1558

06232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland Funeral Hospital

CITY OF BALTIMORE: (No. 9-01 St., Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Buckl

(a) Residence: No. 1410 Darley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write, the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Otto Bruno Buckl

DATE OF BIRTH (month, day, year) July 7 - 1894

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Lawrence Buckl

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL
Maryland Memorial Park Nov 6 1934
(Place) (Date)

UNDERTAKER Hess & Stevenson
(Address) 1300 Pennsylvania Ave

Nov 5 1934 19 Registrar.

Interior for Maryland Memorial Park

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1934 to Nov 4 1934

I last saw her alive on Nov 4 1934. Death is said to have occurred on the date stated above, at 2:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	
Coma	18 hrs
Chronic nephritis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John W. Barnaby M. D.

(Address) Maryland Funeral Hosp.

wc.—2-29-28—L. F. S.—500 Blks.

F 06233

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06233

CERTIFICATE OF DEATH

✓ 131

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1108 E. Fort Ave ST., 24-81 WARD)

2—FULL NAME Ellen V. McCulley

(a) RESIDENCE NO. 1108 E. Fort Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. McCulley

DATE OF BIRTH (month, day, and year) Dec. 31 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	1	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

10 NAME OF FATHER Thomas Knight

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Ellen Hogg

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant Geo. W. McCulley

(Address) 1108 E. Fort Ave

NOV 5 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-1-34

17 I HEREBY CERTIFY, That I attended deceased from January 7, 1934 to Nov. 1, 1934, that I last saw h alive on Oct. 31, 1934 and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation
Hypertension
Cerebral Hemorrhage

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (Secondary) Chr. Interstitial Nephritis

(duration) yrs. 10 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Symptoms & Signs

(Signed) Chas. F. Sturms, M. D.

11-3, 1934 (Address) 2378 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pinewood Cem

DATE OF BURIAL Nov 5 1934

UNDERTAKER Charles F Sturms

ADDRESS 1501 Ford Ave

M. D. D 1268-9

06234 HEALTH DEPARTMENT—CITY OF BALTIMORE 06234

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 N Fulton Ave 16-01 Ward)

Length of residence in city or town where death occurred 81yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ada M Benson

(a) Residence: No. 1037 N Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Charles Benson

6. DATE OF BIRTH (month, day, year): Jan 20 1859

7. AGE — Years: 55 | Months: 9 | Days: 3 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Samuel Ware

14. BIRTHPLACE (city or town) (State or country): Penna

15. MAIDEN NAME: Georgia Uhler

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Anthony Neumann

(Address) 1037 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL: St Marys Hampden 11/5 1934

19. UNDERTAKER: Geo A Farley

(Address) Fulton Ave nr Lafayette

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 2 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to Nov 2 1934

I last saw alive on Nov 2 1934. Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

From Chronic Endocarditis

Contributory to Brain Hemorrhage

Date of onset

Other contributory causes of importance:

Endocarditis & Pulmonary Oedema

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Justus C Mitchell M. D.

(Address) 3151 Williams Ave

D. B. 1268-9

F 6235

6235 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 E. George St., M-O Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amelia Gertrude Allen (Allender)

(a) Residence: No. 711 E. George St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME of father: Wm. J. Allen

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME of mother: Rosie Byers

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT (Address): Rachel Wilkes 711 E. George St

17. BURIAL, CREMATION, OR REMOVAL: Holy Cross Date 11/5/34

UNDERTAKER (Address): Person & Reinecke 711 E. Baltimore St.

FILED 1934 Huntington Nathanson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma of Breast	1 year

Other contributory causes of importance:

Name of operation: Regular Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Funk, M. D.
Coroner

(Address)

M. D. B. 1268-9

6236

HEALTH DEPARTMENT—CITY OF BALTIMORE E 06236

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Sefton St., 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James F Phillips

(a) Residence: No. 1706 Sefton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Barbara J Phillips

6. DATE OF BIRTH (month, day, year): 1863

7. AGE: Years 71; Months —; Days —; If LESS than 1 day, hrs. or min. —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 1913

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Brakeman

10. Date deceased last worked at this occupation (month and year): 1913

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto

MOTHER FATHER

13. NAME: Fred Phillips

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Mary Brittingham

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Barbara J Phillips 1706 Sefton St

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Pk Date 11/6 1934

19. UNDERTAKER (Address): Edw Loudon 2359 Wash Blvd

20. FILED: 1934 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1934 to Nov 3 1934

I saw him alive on Nov 3 1934. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	10 yrs
Myocarditis Chronic	
Other contributory causes of importance:	
Cerebral Haemorrhage	10 yrs
Bronchial Pneumonia	10 days

Name of operation: none Date of

What test confirmed diagnosis: Physical exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify

(Signed) L P Roeding M. D.

(Address) 2623 Washington Blvd

H. D. B. 1268-9

F 06237

HEALTH DEPARTMENT—CITY OF BALTIMORE

06237 /131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD. St., 9-01 Ward)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James F. Grminger

(a) Residence: No. 1700 East 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 6, 1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov 4, 1934

19. UNDERTAKER J. Vernon Kuehnel
(Address) 1532 Hollins St.

20. FILED 1934 Registered No. 6317

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1934 to November 3, 1934

I last saw him alive on November 3, 1934 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic myocarditis - decompensation	
3. Chronic nephritis	

Other contributory causes of importance:

1. Urethral stricture - chronic cystitis and urinary retention

Name of operation Prostatectomy Date of 1923

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) J. M. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. F. 12689

J

F 06238

06238

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 97-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Marion Hollis

(a) Residence: No. Gerardstown, W. Va St., ... Ward. ...
(Usual place of abode) Berkley Co. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept 21, 1860

12. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gerardstown W. Va.

13. NAME Joseph William Hollis

14. BIRTHPLACE (city or town) (State or country) West Virginia

15. MAIDEN NAME Jane Denny

16. BIRTHPLACE (city or town) (State or country) Boston, Mass.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Martinsburg W. Va Date Nov 5, 1934

19. UNDERTAKER Vernon Keefner
(Address) 132 Fairfax St

20. FILED 1934 Huntington, W. Va
NOV 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934 to Nov 5, 1934

I last saw him alive on Nov 5, 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Obstructive growth in stomach	?
	Oct 31
Other contributory causes of importance: Bronchopneumonia	11-3-34

Name of operation Gastroenterostomy anterior Date of 11-3-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Charles H. Conley, Jr. M. D.

(Address) Union Memorial Hosp.

...-2-29-28—L. F. S.—500 Bks.

06239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06239

92-001

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 901 Aisquith ST., 10-01 WARD)

2—FULL NAME Sr. Mary Marion Manely

(a) RESIDENCE NO. Convent of Notre Dame ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 31, 1874

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	60	5	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Sisters of Notre Dame

BIRTHPLACE (city or town) (State or country) Lonaconing Md.

10 NAME OF FATHER John Manely

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary King

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Sisters of Notre Dame

(Address) 901 Aisquith Street

Filed ... 19...

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 3, 1934

17 I HEREBY CERTIFY, That I attended deceased from Sep. 9, 19 34, to Nov. 3, 19 34, that I last saw h er alive on Nov. 3, 19 34 and that death occurred, on the date stated above, at 11 P. M. m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis
Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual

(Signed) F. J. Kirby, M. D.

11/4, 1934 (Address) 110 E Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Notch Cliff Md. DATE OF BURIAL Nov. 6 1934

20 UNDERTAKER Frank A. Kemp ADDRESS 915 N. Gay St.

D. B 1268-9

F 06240

06240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No.

1. PLACE OF DEATH Pronounced dead at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 5-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..da. How long in U. S. If of foreign birth? ..yrs. ..mos. ..da.

2. FULL NAME Bessie Howe

(a) Residence: No. 8 N. Temple St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 22/1889

AGE Years	Months	Days	If LESS than 1 day ..hrs. or ..min.
45	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME William Howe

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Preston

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Irene Harper (niece)
(Address) 1002 Vine St

BURIAL, CREMATION, OR REMOVAL Elm Nov 5" 1934
Place Mount Auburn Date

UNDERTAKER STEPHEN G. FIALKOWSKI INC
(Address) 1000 S. KENWOOD Ave

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 1/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Lobar Pneumonia	5 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 506 E Lanvale

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06241

06241

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Dead on arrival from 1648 Cliftview St., St. Josephs Hospital Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter H.Kennedy

(a) Residence: No. 922 Gorsuch Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth O'Conner

6. DATE OF BIRTH (month, day, year) March 14,1895.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7	19	#####

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 120

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Peter H.Kennedy

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Margaret Ellwood

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs.Elizabeth Kennedy
(Address) 922 Gorsuch Avenue

BURIAL, CREMATION, OR REMOVAL Date Nov.6,1934
Place New Cathedral Cem.

UNDERTAKER
(Address)

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.3,1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows: Probably Myocardial Insufficiency — Date of onset

Other contributory causes of importance: (History of hypertension)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Bacon, M. D. Coroner

(Address) 108 E. Monument

H. D. B. 1268-9

F 06242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06242

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St. 12-81 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arthur Plater

(a) Residence: No. 316 E. 23rd st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) July 8, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Henry Plater

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jane Holmer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place ... Date 11/5/34 ... 19...

19. UNDERTAKER ... (Address) 1413 E. Fayette St.

FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from February 29, 1932 to November 2, 1934

I last saw him alive on November 2, 1934. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan. 1932
Other contributory causes of importance:	
Generalized arteriosclerosis	—

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospitals

. D. B. 1268-9

F 06243

243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 106-002

106-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Boyd

(a) Residence: No. Town St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 8, 1849

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	7	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Matthew

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Sarah Corsino

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Md Date Nov 5 1934

19. UNDERTAKER

(Address)

20. FILED Nov 2 1934 Registrar

1934 0886

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934 to Nov 1, 1934

I last saw him alive on Nov 1, 1934. Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Edema	
Chronic Bronchitis	?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Magee M. D.

(Address) Balt City Hosp

F. D. B. 1268-9

F 06244

06244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Grausner

(a) Residence: No. 48 Market Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Fudelbrs

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? /

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mercy Ford Date 11/7/35

19. UNDERTAKER

(Address)

20. FILED 1934 Hunter for Williams Registrar.

1934 0835 8 WPA

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 1934 to Nov 2, 1934

I last saw him alive on Nov 2, 1934. Death is said to have occurred on the date stated above, at 10 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	3 hrs
Benign prostatic hypertrophy	?
? Coronary sclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Siegel M. D.

(Address) Balt City Hosp

M. D. B. 1268-0"

F 06245

6245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 10-91 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Baby Girl Henderson 934 E Biddle St

(a) Residence: No. Sinai Hospital St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10 28 34

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
newborn —		4 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Sinai Hospital

MOTHER FATHER

13. NAME Milton Henderson

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

15. MAIDEN NAME Irene Blake

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Father
(Address) 934 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place Armed College Date Nov 5, 1934

19. UNDERTAKER
(Address)

20. FILED 1934 [illegible] Registrar.

0840

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1934, to 11-3, 1934

I last saw h[illegible] alive on 11-3, 1934 Death is said to have occurred on the date stated above, at 9:50 p m.

The principal cause of death and related causes of importance were as follows: Intracranial Hemorrhage — Date of onset

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Nathan Jaffe, M. D.

(Address) Sinai Hospital

—1-30—M. & T.—250 Blks.

✓ F 06246

6246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

Y OF BALTIMORE: (No. 5000 Hamilton ave ST. 26-01 WARD)

2-FULL NAME Premature male child of Prescott & Bertha DeGrange

(a) RESIDENCE NO. 5000 Hamilton ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	Wh.	

married, widowed, or divorced HUSBAND of or) WIFE of

TE OF BIRTH (month, day, and year) Nov. 4, 1934

E	Years	Months	Days	If LESS than 1 day, hrs. or min.

CUPATION OF DECEASED

) Trade, profession or particular kind of work None 000

) General nature of industry, business, or establishment in which employed (or employer)

) Name of employer

THPLACE (city or town) (State or country) 5000 Hamilton ave Baltimore, Md.

NAME OF FATHER Prescott Shamitts DeGrange

BIRTHPLACE OF FATHER (city or town) (State or country) Frederick Md.

MAIDEN NAME OF MOTHER Bertha Schaeffer

BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant (Address)

5 1934 Huntington Hoffman, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-5-34

17 I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1934 to Nov. 4, 1934

that I last saw him alive on Nov. 5, 1934

and that death occurred, on the date stated above, at one a. m.

The CAUSE OF DEATH* was as follows:

Prematurity

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Maurice L. Shamer, M. D.

11/5, 1934 (Address) 3300 W. South ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL

UNDERTAKER

DATE OF BURIAL Nov 5 1934

ADDRESS

Commissioner Health.

H. D. B. 1268-9

F 06247

HEALTH DEPARTMENT—CITY OF BALTIMORE

06247

CERTIFICATE OF DEATH

122-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isadore Yioguro Kazura

(a) Residence: No. 722 S Madeira St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie Kazura

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Casmir Kazura

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Bessie Kazura

(Address) 722 S. Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 6 1934

19. UNDERTAKER Fred W Ozanski

(Address) 1732 Eastern Ave

20. FILED Nov 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 7:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	

Other contributory causes of importance: Intestinal Obstruction

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P J Hennessy M D M. D.

(Address) 1306 N Patterson Park Ave

...e.—2-29-28—L. F. S.—500 Blks.

06248 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06248

CERTIFICATE OF DEATH 23

1—PLACE OF DEATH REGISTERED NO.

CITY OF BALTIMORE: (No. 1739 E. 25th ST., 9-01 WARD) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Nichols M Mathews (Nicholas)

(a) RESIDENCE NO. 1739 E. 25th St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) May 28-1914

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER Nichols Mathews

11 BIRTHPLACE OF FATHER (city or town) (State or country) Greece

12 MAIDEN NAME OF MOTHER Mable Medford

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

Informant Mrs Nichols Mathews

(Address) 1739 E. 25th St

Filed 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 3-1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934, to Nov 3, 1934, that I last saw him alive on Nov 3, 1934, and that death occurred, on the date stated above, at 11:30 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi A DiStefano, M. D.

Nov 4, 1934 (Address) 407 N. Eutaw

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Cemetery — DATE OF BURIAL Nov 7 1934

20 UNDERTAKER Chas F. Evans & Son — ADDRESS 1180 N. Rozalia

. D. B. 1268-9

F 06249

6249 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 15 Merryavount Rd 7-61 Ward)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman W. Peth

(a) Residence: No. 15 Merryavount Rd Ward. Roland Park
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Buird Van Dyke Peth

7. DATE OF BIRTH (month, day, year) Sept 1st 1867

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Mfg Tailoring

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 045

10. Date deceased last worked at this occupation (month and year) Oct 15th 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Heinrich Petty

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eskmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Buird Van Dyke Peth

(Address) 15 Merryavount Rd

18. BURIAL, CREMATION, OR REMOVAL

Mt Hope Cemetery

Place Rochester N.Y. Date Nov 6th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1934 Huntington Williams Notary Public

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from October 25 1934 to November 4 1934

I last saw him alive on Nov. 4 1934 Death is said to have occurred on the date stated above, at 3.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
NEPHRITIS, ACUTE PARENCHYMATOUS	10/25/34
HEPATITIS, CHRONIC	Not Known

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C W Stoneman M. D.

(Address) 8 Eddi Road Apt.

pec.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06250

06250

CERTIFICATE OF DEATH.

59

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 320 S. Monroe St. 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Caroline L. Thiele

(a) RESIDENCE NO. 320 S. Monroe St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L. Thiele

DATE OF BIRTH (month, day, and year) April 12 1864

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	70	6	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Md.

10 NAME OF FATHER Free

11 BIRTHPLACE OF FATHER (city or town)

(State or country) England

12 MAIDEN NAME OF MOTHER Mary ?? -

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

Informant Frank Boeckmann

(Address) 32 S. Monroe St

Date 1934 Huntington Williams M.D. Attending Physician

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19

Nov 4/34

17

I HEREBY CERTIFY, That I attended deceased from March 20 1934, to Nov. 4, 1934, that I last saw h.r. alive on Nov 4, 1934, and that death occurred, on the date stated above, at 2.30 A. m.

The CAUSE OF DEATH* was as follows: Diabetes, Mellitus - Duration 10 yrs.

Arter. Sclerosis - Duration Unknown

Acute Bronchitis (duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical & Laboratory

(Signed) H. L. Huntington Williams, M. D.

, 19 (Address) 2942 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park — Date of Burial 11/6 1934

20 UNDERTAKER Robert Brooks & Son — ADDRESS Calhoun Hollins

D. B 1268-9

BE 06251

6251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. x 207

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (Ward) 2nd Gen Hosp St. 11-01 Ward)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos E Dixon Jr
(a) Residence: No. 3116 E. St. Spring Grad St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Dixon

DATE OF BIRTH (month, day, year) Feb 14 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 030
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Boat
10. Date deceased last worked at this occupation (month and year) Steady (Number years) (Number months) Occupation Paid.
BIRTHPLACE (city or town) (State or country) Geo Dixon
12. NAME
14. BIRTHPLACE (city or town) (State or country) Balto Md
15. MAIDEN NAME Ritter
16. BIRTHPLACE (city or town) (State or country) Balt Md
INFORMANT Hosp Record.
(Address)
BURIAL, CREMATION, OR REMOVAL
Place Richmond Cem Date Nov 6 1934
UNDERTAKER N. H. Wyche
(Address) 2121 E Monument St
FILED Huntington Williamson
NOV 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3 1934
22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and the chief causes of importance were as follows:

	Date of onset
Accident	
Com fracture R. Femur	
1/3 mid & upper thirds	
& gangrene	
Other contributory causes of importance:	
one train backed in	
to other	

Name of operation ..... Date of .....
What test confirmed diagnosis ..... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Accident Date of injury Nov 3 1934
Where did injury occur? Spring Grad Pont (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. B. Leek Coroner, M. D.
(Address) Towson

D. B 1268-9

M F 06252

HEALTH DEPARTMENT—CITY OF BALTIMORE

06252

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Johns Hopkins Hospital St., 3 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Daniel Knott

(a) Residence: No. 1529 E Pratt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23 1929

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George Knott

14. BIRTHPLACE (city or town) (State or country) Howard Co.

15. MAIDEN NAME Anna Fesimmeti

16. BIRTHPLACE (city or town) (State or country) Balto Co

INFORMANT Anna Knott

(Address) 1529 E Pratt St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Nov 7 1934

UNDERTAKER Wendell & Dippel

(Address) 300 S Eden St

Huntington Williams Reg.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occured on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Internal Injuries	
Other contributory causes of importance:	
Automobile Accident	

Name of operation Laparotomy Date of 11-3-34

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11-2 1934

Where did injury occur? 1500 block E Pratt St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gordon Edsons M. D.

(Address) 2200 E Madison

D. B. F 06253 ✓ F 06253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 N. Front St., 5-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Sofcher

(a) Residence: No. 14 N. Front St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed or divorced~~ (or) WIFE of Harry Sofcher

DATE OF BIRTH (month, day, year) Aug 18th 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	2	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Shaller

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Frank Shaller

(Address) 2820 Fait Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 7th 1934

UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

Filed NOV 1934 Hunter Foss Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Auricular Region & throat	1 yr

Other contributory causes of importance:

Acute Hemorrhage Exhaustion

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify no

(Signed) James M. Fenton M. D. Coroner

(Address) 700 E Chase

F 06254

F 06254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 Ilchester Ave., 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna H. Mc Donald

(a) Residence: No. 419 Ilchester Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of James A. McDonald

7. DATE OF BIRTH (month, day, year) Feb 27th 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John T. Burton

14. BIRTHPLACE (city or town) (State or country) Greenwood Md

15. MAIDEN NAME Annie Mueller

16. BIRTHPLACE (city or town) (State or country) Greenwood Md

17. INFORMANT Lloyd B. McDonald

(Address) 427 E. 28th St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 7th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 8 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-5-1934 to 11-5-1934

I last saw h alive on .....19.... Death is said to have occurred on the date stated above, at 1a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus.	abt 2 yrs ago.
General metastasis -	
Other contributory causes of importance: Intestinal obstruction	8 days.
Toxemia.	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) S. Demarco M. D.

(Address) Medical Arts Bldg.

D. B. 126 F 06255 ✓ F 06255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Lexington St. No. 6 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Weitzel

(a) Residence: No. 3314 Lexington Ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Dec 1. 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Clarence W. Weitzel

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Helen M Chisholm

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Clarence W. Weitzel

(Address) 3314 Lexington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 11/6 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 E Pratt St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2nd 1934 to Nov. 5 1934

I last saw her alive on Nov. 5 1934. Death is said to have occurred on the date stated above, at 8:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping Cough	Oct. 18. 1934
Other contributory causes of importance: Bronchopneumonia	Nov. 1. 1934

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Wm Jones M. D.

(Address) 2011 E Lanvale Ave

D. B. F. 06256 F 06256

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 16-01 (Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Blanche Robinson

(a) Residence: No. 637 N. Schroeder St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Robinson

DATE OF BIRTH (month, day, year) Aug 26/1895

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	38	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Weaverton, Md.

13. NAME Granville Fisher

14. BIRTHPLACE (city or town) (State or country) Weaverton, Md.

15. MAIDEN NAME Mary Egerton

16. BIRTHPLACE (city or town) (State or country) Weaverton, Md.

INFORMANT Lillian Robinson

(Address) 637 N. Schroeder St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 6. 1934

UNDERTAKER Elroy H Wilson

(Address) 1100 Brantley ave

FILED 6 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3.40 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia-infected scar removal of cervical glands	

Other contributory causes of importance:

Hodgkins disease of cervical & mediastinal lymph nodes	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Owen Coroner, M. D.

(Address) 506 E Lombard

M. D. B. F 06257 F 06257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hotel Rennert St. H-9 Ward)

Length of residence in city or town where death occurred yrs mos 8d. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME John Parker McRae

(a) Residence: No. Hotel Rennert St., 4 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Neuber

6. DATE OF BIRTH (month, day, year) Dec 24-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	10	10 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Parker McRae

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie A Watkins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jacob Fridley

(Address) 2826 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 6/7 1934

19. UNDERTAKER Henry U. Meyer's Son

(Address) 801 N. Calvert St.

20. FILED 6/7 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to June 4-1934

I last saw him alive on June 4 1934 Death is said to have occurred on the date stated above, at 6:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H K Sarnoski M. D.

(Address) 1117 W Saratoga St

F 06258

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06258

CERTIFICATE OF DEATH

31

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Harvey

(a) Residence: No. 1606 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Celia

DATE OF BIRTH (month, day, year) Feb ? 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

12. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Maria ?

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Rhonda (Address) East City Hosp

BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cemetery Date Nov 7, 1934

UNDERTAKER Thos. E. Kalson (Address) 1303 Pennsylvania Ave

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1934 to Nov. 7, 1934

I last saw him alive on Nov 7, 1934. Death is said to have occurred on the date stated above, at 12:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis, acute etiology ?	2 Wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Phagel, M. D.

(Address) East City Hosp

Spec—9 36 F (6253)

F 06259

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1646 Penna Ave ST 14-01 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Gilbert Norris

(a) RESIDENCE NO. 1646 Penna Ave ST. WARD Irvington Jct.
(Usual place of abode) (If non-resident give City or town and State)

Length of residence in city or town where death occurred One yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M.	Col	Single

6a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 10-10-1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	—	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer Yd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Lancaster Co Va.

PARENTS

10 NAME OF FATHER Edward Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Cora Norris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Mrs. Cora Norris
(Address) 1646 Penna Ave.

15 Filed 1934 Hunter Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-4-34

17 I HEREBY CERTIFY, That I attended deceased from 10-27, 1934, to 11-4-1934

that I last saw him alive on 11-4-, 1934

and that death occurred, on the date stated above, at 8.35 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) One yrs. — mos. — ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did no operation precede death? no Date of —

Was there no autopsy? no

What test confirmed diagnosis?

(Signed) L. M. Lawrence M. D.

19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Irvington whse Lancaster Co Va

DATE OF BURIAL: NOV 6 1934

20 UNDERTAKER: Thos. E. Kelson

ADDRESS: 1303 Hilltman st.

F 06260

F 06260

92033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~JOHNS HOPKINS HOSPITAL~~ St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dora Mills

(a) Residence: No. 3331 Payne Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 9, 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Edgar Mills

14. BIRTHPLACE (city or town) (State or country) Ala

15. MAIDEN NAME Nola Williams

16. BIRTHPLACE (city or town) (State or country) Ala

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pikesville Hampden Date Nov 6 ... 19 34

19. UNDERTAKER Hudson & Thos

(Address) 3615-17 Eastern Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 . 1934 to Nov 4 . 1934

I last saw her alive on Nov 4 . 1934 Death is said to have occurred on the date stated above, at 11 2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	10-27-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? - Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James L. Schumaker M. D.

(Address) Johns Hopkins Hospital

AACo. C.H. 2508

F 06261

HEALTH DEPARTMENT CITY OF BALTIMORE

F 06261

x 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E 23d St. 12-01 Ward)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Morgan F Leader

(a) Residence: No. 211 E College St., ... Ward. York Pa

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Leader

DATE OF BIRTH (month, day, year) April 2 187 2

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 25 Yrs

12. BIRTHPLACE (city or town) (State or country) York Co Pa.

13. NAME Joseph K Leader

14. BIRTHPLACE (city or town) (State or country) York Co Pa

15. MAIDEN NAME Rebecca Doy

16. BIRTHPLACE (city or town) (State or country) York Co

17. INFORMANT (Address) (Brother) Emanuel Leader York Pa.

18. BURIAL, CREMATION, OR REMOVAL Place Jacobus Pa Date Nov. 6. 1934

19. UNDERTAKER Horace F. Burgee (Address) 3621 Falls Road.

FILED NOV 7 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30 1934 to Nov 6 1934

last saw him alive on Nov 5 1934 death is said to have occurred on the date stated above, at 5 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis Chronic Interstitial nephritis	
Uremia	
Other contributory causes of importance:	
Uremia	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harvey B Beck M. D.

(Address) 100 E 23d St Balto.

F 06262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4408 Kathland Avenue St. 28-el Ward)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 22 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Florence Gertrude Robinson

(a) Residence: No. 4408 Kathland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
(or) WIFE of Cap't John W. Robinson

7. DATE OF BIRTH (month, day, year) Aug 12th 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	2	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ----

11. Total time (years) spent in this occupation --

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George A. Freberger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Mary T. Brungard

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Captain John W. Robinson

(Address) 4408 Kathland Ave.,

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Nov 7th 1934

UNDERTAKER H. J. Lichtenstein

(Address) North Ave.

FILED NOV 6 1934 Hampton Tyler Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from April 3rd 1934 to Nov 3rd 1934

I last saw her alive on Nov 3rd 1934 Death is said to have occurred on the date stated above, at 10.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Central Hemorrhage	11/2/34

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, where?

(Signed) Estelle Hemmings M. D.

(Address) 2000 Fallsway

F 06263

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 Warwick Ave St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Augustus Kennedy

(a) Residence: No. 1629 Warwick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 18, 1846

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

13. NAME John Kennedy

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Wann

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Miss Nettie Kennedy

(Address) 1629 Warwick Ave.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date Nov 6 34

UNDERTAKER Wm. Hickey Sons.

(Address) Govans Md.

FILED Nov 6 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 32 to Nov 3/34 19

I last saw him alive on Nov 2/34 19 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration	Date of onset
Arteri. Sclerosis	2 yrs	
Other contributory causes of importance: Cystitis (Enlarged Prostate)	2 yrs	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Harry C. Hamm M. D.

(Address) 904 Cathedral

M. D. B. 1267 F 06264 Saintz ✓ F 06264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 831 Brooks Lane St. 13-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Saintz

(a) Residence: No. 831 Brooks Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Henry

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Bolinski

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida Glass

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Saintz

(Address) 831 Brooks Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Rd Date NOV 6 1934

19. UNDERTAKER S. Levinson Bro

(Address) 127 E Baltimore St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-5— 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-2— 1934 to Nov-5— 1934

I last saw her alive on Nov-5— 1934 Death is said to have occurred on the date stated above, at 10 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	10/2/34
Other contributory causes of importance: Terminal Broncho Pneumonia	11/5/34

Name of operation none Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

F 06265

F 06265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 St Paul St St., 11-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Winsor Harding Randall

(a) Residence: No. 1127 St Paul St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed~~, or ~~divorced~~ ~~HUSBAND~~ (or) WIFE of Daniel R Randall

7. DATE OF BIRTH (month, day, year) June 14th 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Boston Mass

13. NAME OF FATHER: William Fredrick Harding

14. BIRTHPLACE (city or town) (State or country): Boston Mass

15. MAIDEN NAME OF MOTHER: Emily Goodall

16. BIRTHPLACE (city or town) (State or country): L I.

17. INFORMANT: Mr R Randall

(Address) 621 Univ Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 7, 1934

19. UNDERTAKER: Henry H Jenkins & Co

(Address) Calvert & Lanvale Sts

20. FILED Nov 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21st, 1934 to Nov 5th, 1934

I last saw her alive on Nov 4th, 1934 Death is said to have occurred on the date stated above, at 7A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Nov 4th
Cardiac Sclerosis	
Hypertension	
Other contributory causes of importance: Acute Infectious Bronchitis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carey B Gamble, Jr. M. D.

(Address) 1 Wyoming Ave

F 06266 ✓ F 06266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 27-61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Menlo Drive St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Isidor Rothschild

(a) Residence: No. 3607 Menlo Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mollie Kahn Rothschild

DATE OF BIRTH (month, day, year) Nov. 19, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Retail

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Marcus Rothschild

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Morton Rothschild

(Address) 3607 Menlo Drive

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Cem. Date Nov. 6 1934

19. UNDERTAKER Sayid Sondheim & Son

(Address) 1902 Eutaw Place

FILED 6 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1922, to Nov. 4, 1934

I last saw him alive on Nov. 4, 1934. Death is said to have occurred on the date stated above, at 1.00 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1922
Hypertension	1922
Myocardial degeneration	1922
Cerebral haemorrhage	Circa 1927

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Charles J. Thurman M. D.

(Address) 1417 Eutaw Place

M. D. R. 1968-3

F 06267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06267

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. Pat. PR. Ave St., 6-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Thomas Tomlinson

(a) Residence: No. 207 N. Pat. PR. Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Josephine Tomlinson

7. DATE OF BIRTH (month, day, year) Oct 1 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Nathaniel Tomlinson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Eliza Roane

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Josephine Tomlinson
(Address) 207 N. Pat. PR. Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 11/6/34 19

19. UNDERTAKER Philips Henrickson
(Address) 2016 Orleans St.

20. FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1934, to Nov 3, 1934

I last saw h... alive on Nov. 3, 1934. Death is said to have occurred on the date stated above, at 4 04 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal - (Pulmonary)	June 1932
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Removal & Lobes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Philips Artzinger M. D.

(Address) 2942 Wayzata Pl.

F 06268

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06268

CERTIFICATE OF DEATH

49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 N. Bradford St. 6-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Amelia Daffin

(a) Residence: No. 126 N. Bradford St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Daffin

6. DATE OF BIRTH (month, day, year) May 6 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Frederick Weber

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth — —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry L. Daffin

(Address) 126 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date 11/6/34. 19

19. UNDERTAKER Philip Herwig & Sons

(Address) 206 Nathan St.

20. FILED Nov 7 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29. 1934. to Nov 2 1934

I last saw h.. alive on Nov 2 1934. Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Pulmonary edema.	Sept 1934

Other contributory causes of importance:

Auricular Fibrillation	
Diverticulum Bladder ?	1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Elmer L. Penman M. D.

(Address) 710 N. Patterson Park Ave

M. D. B. 1268-2

F 06269 ✓ F 06269

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3003 St Paul St. 12-01 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth 72 yrs. 6 mos. 0 ds.

2. FULL NAME Josephine Albrieth Seward

(a) Residence: No. 3003 St Paul St., 12 Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John St. Seward

7. DATE OF BIRTH (month, day, year) May 4 1862

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Christian Albrieth

14. BIRTHPLACE (city or town) (State or country) ? ? ! Germany

15. MAIDEN NAME OF MOTHER Christie (not known)

16. BIRTHPLACE (city or town) (State or country) ? ? ? Germany

17. INFORMANT Mr Robt E Mason Daughter

(Address) 3003 St Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 6 1934

19. UNDERTAKER Stewart Mortuary

(Address) 108 W North Ave.

20. FILED Nov 6 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934, to Nov 4, 1934

I last saw her alive on Nov 3, 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 30 1934

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis Physical Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) G W Billups, M. D.

(Address) 2224 W. North Ave

M. D. P. 12

F 06270 ✓ F 06270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 80 Balto. Gen'l. Hosp. St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Horn

(a) Residence: No. 100 S. Highland ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Mary Horn

7. DATE OF BIRTH (month, day, year) March 31, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	8 7	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John Horn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Horn (wife)
(Address) 100 S Highland ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date Nov 8. 1934

19. UNDERTAKER Lilly & Zeiler Sons
(Address) 1023 E Baltimore St

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/5/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 2:00 P.M., 11/4/ 1934 to 1:06 A.M., 11/5 1934

I last saw him alive on 11/5/ 1934. Death is said to have occurred on the date stated above, at 1:06 A.M.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia — Date of onset 10/30/34
Septicemia
Meningismus

Other contributory causes of importance:
Jaundice

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Duvall Jr M. D.

(Address) 3018 Eastern Ave

F 06271 ✓ F 06271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 62

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St. 6-A Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hammell Woods

(a) Residence: No. 203 N. Bond ST. St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Presser Oil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia
13. NAME Nicholas Woods
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Katherine Cooke
16. BIRTHPLACE (city or town) (State or country) Virginia
INFORMANT Records
(Address) Baltimore City Hospitals
BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Nov 6, 1934
UNDERTAKER Robert F. Wilkinson
(Address) 1515 McElderry St
FILED Nov 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-2-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-26-, 1934 to 11-2-, 1934
I last saw him alive on 11-2-, 1934. Death is said to have occurred on the date stated above, at 12.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	2
+ Pellagra	9

Other contributory causes of importance:

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Harry Greenwald M.D.
(Address) Baltimore City Hospitals

F 06272

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06272

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH B. S. H. Registered No.

CITY OF BALTIMORE: (No. Bon Secour Hosp St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Welczek

(a) Residence: No. 162 Gleane St. 11 Paul Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Teddie Welczek

7. DATE OF BIRTH (month, day, year): 11-3- 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Teddie Welczek

14. BIRTHPLACE (city or town) (State or country): Mass

15. MAIDEN NAME: Georgia Darty

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 11-6- 1934

19. UNDERTAKER: Robert Brooks & Son

(Address): Fulton & Hollins Ave

20. FILED: Nov 15 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-5- 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-3 1934 to 11-5 1934

I last saw h[illegible] alive on 11-5 1934 Death is said to have occurred on the date stated above, at 8 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-3-34

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) David L. Stevenson M. D.

(Address) Bon Secours Hospital

M. D. B. No. F 06273 ✓ F 06273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5109 Edmondson Ave St., 48 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles E Hosbach

(a) Residence: No. 5109 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Hosbach

6. DATE OF BIRTH (month, day, year): May 26/1861

7. AGE: Years 73 | Months 7 5 | Days 10 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Automobile Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Frederich H Hosbach

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Magdeline Bodfath

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Charles E Hosbach

(Address): 5109 Edmondson Ave

18. BURIAL, CREMATION OR REMOVAL

Place: Loudon Park Date: 11/2/35

19. UNDERTAKER: George O Smith & Son

(Address): 1910 Eutaw Place

20. FILED: NOV 5 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1910, to November 5, 1935.

I last saw him alive on Nov. 5, 1935. Death is said to have occurred on the date stated above, at 9 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) H B Wolff, M. D.

(Address) 113 W. Franklin st,

M. B. F 06274 ✓ F 06274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 34 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto Md St 12 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willis Jones

(a) Residence: No. 1705 Fairfield St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-2-52

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Willis Jones
14. BIRTHPLACE (city or town) (State or country) Virginia
15. MAIDEN NAME Lizzie Jefferson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records
(Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 11/8/ 1934

19. UNDERTAKER Mrs Chas G. Bailey
(Address) 1421 Jefferson St

20. FILED NOV 8 1934 Thomas J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-4 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-29- 1934 to 11-4 1934

I last saw h... alive on 11-4 1934 Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	Unk

Other contributory causes of importance:

Lobar Pneumonia	Unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Harry Tedomitt M. D.

(Address) Baltimore City Hospitals

M. D. B. 1[illegible] F 06275 ✓ F 06275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Rosedale St. 16-C Ward)

Length of residence in city or town where death occurred 39 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles M. Sterling

(a) Residence: No. 1420 Rosedale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced (write the word): Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. Sterling
6. DATE OF BIRTH (month, day, year): July 15 1862
7. AGE: Years 72 Months 3 Days 20 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bake Shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Somerset Co. Md.

FATHER
13. NAME: Leonard Sterling
14. BIRTHPLACE (city or town) (State or country): Somerset Co. Md.

MOTHER
15. MAIDEN NAME: ? Collins
16. BIRTHPLACE (city or town) (State or country): Somerset Co. Md.

17. INFORMANT: Norris L. Sterling
(Address): 1432 Belmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Crisfield Md. Date: Nov 6 1934

19. UNDERTAKER: Margaret Fitzhugh
(Address): 1102 N. Fulton Ave

20. FILED NOV 6 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 20 1934 to Nov 5 1934
I last saw him alive on Nov 5 1934. Death is said to have occurred on the date stated above, at 5.03 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other contributory causes of importance: Acute Pulmonary Edema	1 day

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel B Wolfe M. D.
(Address) 1331 E. North Ave

AACo. 5-31 2M F 06276 ✓ F 06276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1730 N. Broadway St. 8-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Washington Teal

(a) Residence: No. 1730 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of (or) ~~WIFE of~~ Grace N. Teal.

DATE OF BIRTH (month, day, year) Oct 18-1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 650
10. Date deceased last worked at this occupation (month and year) 8/34
11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME George Washington Teal
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Mary Ea. Bowie
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.
17. INFORMANT Mrs Grace N. Teal (Address) 1730 N. Broadway
18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cemetery Date Nov. 7 1934
19. UNDERTAKER Hughes Funeral Home (Address) 1518 N. Broadway
20. FILED Nov 6 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-5 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-1-1934 to 11/5 1934

I last saw him alive on 11-5 1934 death is said to have occurred on the date stated above, at 2:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	11/1/34
Hemiplegia Rt side	11/3/34

Other contributory causes of importance:

Myocardial Insufficiency	11/4/34

Name of operation None Date of None

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 19...
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) David Mellor, M. D.
(Address) 1500 N Broadway

M. D. F. 1268-9

Albert J. Farrabee

F. 06277

HEALTH DEPARTMENT—CITY OF BALTIMORE

F. 06277

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Albert J. Farrabee

(a) Residence: No. 1 Prudence Rd, Ruxton Md Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Mann

6. DATE OF BIRTH (month, day, year) Nov 24 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Harrison C. Farrabee

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME L Turley

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Hospital records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Ridge Date Nov 7 1934

19. UNDERTAKER Laury & Frederick Inc

(Address) McCulloh & Eutaw Sts

20. FILED 1934 Harry J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1934 to Nov 5 1934

I last saw him alive on Nov 5 1934 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	10-31
Pericarditis	10-28
Other contributory causes of importance: Bronchopneumonia	11-1

Name of operation Abdominal tomy Date of 10-28

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis W. Bargaly M. D.

(Address) Maryland General Hosp.

Spec. 9 No. A F 06278

✓ F 06278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH Latrobe apt. Charles & Read St

CITY OF BALTIMORE. (No Baltimore ST 11-21 WARD)

2 FULL NAME Walter Lyndon Alexander

(a) RESIDENCE NO Latrobe Apartments ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

6a If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Ellen C. Alexander

6 DATE OF BIRTH (month, day, and year) June 26 1869

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Journalist & Author

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A.S. Abell Co.

9 BIRTHPLACE (city or town) (State or country) Havre de Grace Maryland

10 NAME OF FATHER Horace Sherwood Alexander

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Miriam Janney

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsa

14 Informant Mrs Walter L Alexander (Address) Latrobe Apts.

15 Filed 1934 19 ~~Registered~~ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 5, 1934

17 I HEREBY CERTIFY, That I attended deceased from May 5, 1934 to Nov 5, 1934 that I last saw him alive on Nov 4, 1934 and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:

Myocarditis with Mitral & Aortic insufficiency, Cardiac hypertrophy, Arteriosclerosis ? (duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Carcinoma prostate (duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Edwin B. Jarrell M.D.

19 (Address) 1115 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Thomas. Cem Hancock. Md

DATE OF BURIAL 11-7-1934

20 UNDERTAKER Henry W. Jenkins & Son Co

ADDRESS Oakenly Ave Catonsville

M. D. No. 26894 F 06279

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06279

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 1-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Felix Tyszkiewski (Transient)

(a) Residence: No. 720 S Lakewood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hedwig

6. DATE OF BIRTH (month, day, year) May 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Tuke

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Rose ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Record (Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL

Place H. of R. Rosary Date Nov 7 1934

19. UNDERTAKER John M. Weber (Address) 401 N. Charles

Arlington Funeral Home

FILED 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1934 to Nov 4, 1934

I last saw him alive on Nov 4, 1934 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis of CNS (?)	?

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Praged M. D.

(Address) Balt City Hosp

F 06280

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06280

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S Collington Ave Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antoni Wujek

(a) Residence: No. 311 S. Collington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

6. If married, widowed, or divorced HUSBAND (or) WIFE Tora Wujek

DATE OF BIRTH (month, day, year) March 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Repairman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bald O.B.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Frank Wujek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Tora Wujek

(Address) 311 S. Collington Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Nov 4 1934

UNDERTAKER Fred W Czarnecki

(Address) 1930 Eastern Ave

FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26, 1934 to Nov. 4, 1934

I last saw h[illegible] alive on Nov. 4, 1934 Death is said to have occurred on the date stated above, at 8:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Myocarditis	
Left Hemiplegia	1932
Uremia	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Andrew Slawoneski M. D.

11/6/34 (Address) 2539 E Baltimore

M. D. F 06281

F 06281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2610 E. Monument St., 7-01 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert E Sterback

(a) Residence: No. 2610 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Julia M. Sterback

6. DATE OF BIRTH (month, day, year): June 18 1882

7. AGE: Years 52 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

13. NAME: Jacob Sterback

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Marie — —

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Julia M. Sterback
(Address) 2610 E Monument St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date 11/7/34 19...

19. UNDERTAKER: Philip Denig & Sons
(Address) 2616 Eutaw St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3rd 1933 to Nov 4th 1934

I last saw h... alive on Nov 4th 1934 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Cardiac asthma	
Other contributory causes of importance:	
acute dilatation of heart	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. J. Sanders M. D.

(Address) 1194 N. Milton Ave

M. D. F 06282

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06282

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 E. Clement St., 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Potee

(a) Residence: No. 508 E. Clement St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary A. Potee

6. DATE OF BIRTH (month, day, year): Feb. 14-1851

7. AGE: Years 83; Months 8; Days ...; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Marie Potee
(Address) 508 E. Clement St

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: Nov. 8- 1934

19. UNDERTAKER: Marquette Flynn
(Address) 1411 Light St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1934 to Nov 5, 1934

I last saw h... alive on Nov 4, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 mo.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Mitchell M. D.

(Address) 1119 Mitchell

D. B. F 06283

F 06283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 182-001

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Canton

(a) Residence: No. 1334 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 3/34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Albert Canton

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

15. MAIDEN NAME Katherine Hunt

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

INFORMANT Albert Canton
(Address) 1334 N. Eden St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/7, 1934

UNDERTAKER Leonard J. Finch
(Address) 530 Hartford Rd

FILED NOV 7 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably suffocation in crib	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accidental Date of injury Nov 5/34

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. H. Cain, M. D.
Coroner
(Address) 508 North ave

M. D. P. 1268-0

F 06284

F 06284 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1009 Aisquith St. 10-01 Ward)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 8 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Loane

(a) Residence: No. 1009 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles W. Loane

6. DATE OF BIRTH (month, day, year) Feb. 9, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Bauer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Appolonia

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Martin Daughter

(Address) 1009 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 8, 1934

19. UNDERTAKER Elmer H. Franklin

(Address) 926 E. Eager St.

Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1933, to Oct 27, 1934

I last saw h[er] alive on Oct 27, 1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis.	
Acute Dilatation of Heart	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Hornstein M. D.

(Address) 733 Aisquith St.

D. B. 1268-9

M F 06285

F 06285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 28-C Ward)

Length of residence in city or town where death occurred 18 yrs. 5 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Thomas Rohe

(a) Residence: No. 301 Nottingham Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) April 26, 1915

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	18	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur & Contractors Walk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore City Md

13. NAME Thomas J Rohe

14. BIRTHPLACE (city or town) (State or country) Baltimore Co, Md

15. MAIDEN NAME Mary E. Stromping

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Thomas J Rohe
(Address) 301 Nottingham Rd

BURIAL, CREMATION, OR REMOVAL
Place Pine Crest Date Nov 9 1934

UNDERTAKER Carmen M. Englehart
(Address) 224 E. Eager St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5. 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 1934 Death is said to have occurred on the date stated above, at 4:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 11/5 1934

Where did injury occur? Maryland Rd at Jones Quarry (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place Street Accident

Manner of injury Run over by a truck while standing in road

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Sharry M. D.
Coroner

(Address) 2000 E Madison St

F 06286

F 06286

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 12-61 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leon Fields

(a) Residence: No. 2322 Guilford ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 17, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Charles Fields

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Georgia ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 11—8 1934.

19. UNDERTAKER Frankel & Hemsley
(Address) 578 W Biddle St

20. FILED 11 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 19 1934 to November 5 1934

I last saw him alive on November 5 1934. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Myer W. Jacobson M. D.
(Address) Baltimore City Hospitals

M. D. B. 12

F 06287

F 06287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 E. Madison St., 7-01 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Jefferson

(a) Residence: No. 1631 E. Madison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1836

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
98	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tucker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Matthews Co
(State or country) Va.

13. NAME Alexander Jefferson

14. BIRTHPLACE (city or town)
(State or country) Va.

15. MAIDEN NAME Amelia Robinson

16. BIRTHPLACE (city or town)
(State or country) Va.

17. INFORMANT Florence Jefferson
(Address) 1631 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Mt Calvary Cem. Date 11-7, 1934

19. UNDERTAKER Francis A. Hemsley
(Address) 578 N Biddle St

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-3-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-28-, 1934 to 11-3-, 1934
I last saw h.im alive on 11-3-, 1934. Death is said to have occurred on the date stated above, at 9,20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-21-34
Other contributory causes of importance: Cardio-Renal disease	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address) 611-N. Caroline

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

6288 T 06288

CERTIFICATE OF DEATH

117-061

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Division St. 14-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Taylor

(a) Residence: No. 1536 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Taylor

6. DATE OF BIRTH (month, day, year) Mar 12, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River md

MOTHER FATHER

13. NAME Tom Taylor

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Irene Gross

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mary Taylor (Address) 1536 Division St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date Nov 7 1934

19. UNDERTAKER Thomas C. Kelson (Address) 1302 Pennsylvania Ave

Nov 7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th, 1934 to Nov 4th, 1934. I last saw him alive on Nov 4th, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	about Oct 10/34

Other contributory causes of importance:

Pneumaconiosis	Nov 1934
& Pulmonitis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. H. Feuerbacher, M. D.

(Address) 220 St. Martin Lane.

F 06289

M. D. B. 1305-9

F 06289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 26-C (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Romm

(a) Residence: No. 307 S. Payson St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 5 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Elmer Romm

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Emma Otto

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Mrs Emma Romm

(Address) 307 S Payson

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date 11/10 1934

19. UNDERTAKER Engel & Sturgis

(Address) Fulton & Lafayette

20. FILED 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from November 4 1934 to Nov. 6 1934

I last saw him alive on November 6 1934 Death is said to have occurred on the date stated above, at 5 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11/1/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl G Norbel M. D.

(Address) St Agnes Hosp

F 06290

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06290

CERTIFICATE OF DEATH

Registered No. x 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E Linthicum

(a) Residence: No. Church Creek Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jany 15 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Church Creek Md

13. NAME Thomas G Linthicum

14. BIRTHPLACE (city or town) (State or country) Church Creek Md

15. MAIDEN NAME Agnes Tyler

16. BIRTHPLACE (city or town) (State or country) Hooper Island Md

17. INFORMANT Thomas G Linthicum

(Address) Church Creek Md

18. BURIAL, CREMATION, OR REMOVAL

Place Old Trinity Church Cemetery Date Nov 8, 1934

19. UNDERTAKER Donald Richardson

(Address) Church Creek Md

20. FILED Nov 9 1934 W. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor	

Other contributory causes of importance:

Name of operation Suboccipital craniotomy Date of Nov 5

What test confirmed diagnosis? Was there an autopsy? Head only

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Bacon, M. D. Coroner

(Address) 500 E North Ave

F 06291

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06291

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hosp. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton St., 25-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Beeler

(a) Residence: No. Galts Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of unknown

7. DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Records St. Agnes Hospital (Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Millington Md Date Nov. 8, 1934

19. UNDERTAKER John O. Mitchell Sons (Address) 1900 Eutaw Place

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6/34 19

22. I HEREBY CERTIFY, That I attended deceased from 10/2/34, 19.., to 11/6/34, 19..
I last saw him alive on 11/6/34, 19.. Death is said to have occurred on the date stated above, at 9.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma neck (Basal cell)	7/33
Lobar Pneumonia	11/6/33

Other contributory causes of importance:
Senility

Name of operation Excision of Mass Date of 10/2/34

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl G Penkert M. D.

(Address) St Agnes Hosp.

M. D. B. 1268-9

062935

292

F 06292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 10 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Essie Epps

(a) Residence: No. 1721 Ashland ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) 12-7-33

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Calmus Epps

14. BIRTHPLACE (city or town) (State or country) N C

15. MAIDEN NAME Esther Johnson

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn cemetery Date Nov 7. 1934

19. UNDERTAKER Edward Bryan & Son
(Address) 1631 Orleans St

20. FILED NOV 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934 to Nov 3, 1934

I last saw her alive on Nov 3, 1934 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	10 15 34
Miliary tuberculosis	10 15 34

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frances T. Johnson Ker M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

06293 HEALTH DEPARTMENT—CITY OF BALTIMORE 06293

CERTIFICATE OF DEATH

X 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1428 N. Luzerne ave. 8-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert D. Marck

(a) Residence: No. Baker ave, Interior, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rachel A. Marck.

6. DATE OF BIRTH (month, day, year): July 21, 1893

7. AGE — Years: 41 — Months: 3 — Days: 9 — If LESS than 1 day ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Pit man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bodd Batto Silling & Coken

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME OF FATHER: Otto Marck

14. BIRTHPLACE (city or town) (State or country): Balto Germany Md

15. MAIDEN NAME OF MOTHER: Emma Spenier

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Rachel A. Marck

(Address): Baker ave Interior Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Nov 9, 1934

19. UNDERTAKER: J Vernon Kohler

(Address): 1532 Holmes St.

20. FILED NOV 7 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from October 4 1934 to Nov. 7 1934

I last saw him alive on Nov. 7 1934 Death is said to have occurred on the date stated above, at 10 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute lobar pneumonia	10/18/34
Other contributory causes of importance:	
Acute myocarditis	10/21/34
Acute dilation of heart	11/5/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm J Schmitt M. D.

(Address) 701 N. Kenwood ave.

H. D. P. 1268-9

F 06294

06294 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 202 N. Arlington Ave St., 18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Carter

(a) Residence: No. 202 N. Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ella Jones (Address) 1 Wasche St.

18. BURIAL, CREMATION, OR REMOVAL Place Date 19

19. UNDERTAKER Leonard Flamming (Address) 1 E. Lanvale St.

FILED 19 Registrar.

NOV 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-5- 1934 to 11-6- 1934

I last saw h alive on 11-5- 1934 Death is said to have occurred on the date stated above, at 4 A.M. m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease. — Date of onset 9/5/34

Other contributory causes of importance: Pulmonary Edema

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. E. Jackson M. D.

(Address) 620 N. Arlington Ave

D. P. 1268-9

06295

HEALTH DEPARTMENT—CITY OF BALTIMORE

06295

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Epps

(a) Residence: No. 2043 Llewellyn Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth C.

DATE OF BIRTH (month, day, year) Jul 21/1899

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	2 3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab rer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Mfg- Hofberger

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norfolk, Va.

13. NAME Richard Epps

14. BIRTHPLACE (city or town) (State or country) Norfolk, Va

15. MAIDEN NAME Mary ------

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Wife

(Address) 2043 Lewellyn, Ave

BURIAL, CREMATION, OR REMOVAL

Place Norfork Va Date Nov 7 1934

UNDERTAKER Mrs R G Elliott

(Address) 1129 N Caroline

FILED ... 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 4/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 10.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Accident-Apoplexy	
(Cause undetermined)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

F 06296

M. D. B. 1268-3

F 06296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 N. Charles St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mary Elizabeth Corcoran

(a) Residence: No. 2445 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) Feb. 28, 1861

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME Francis Corcoran

14. BIRTHPLACE (city or town) (State or country) ------- Mid Ocean

15. MAIDEN NAME Rachel R. Shepperd

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT John S. Corcoran

(Address) 2445 N. Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 11/8 1934

19. UNDERTAKER Henry H. Keary & Son

(Address) 210 W. Saratoga St.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5 1934

22. I HEREBY CERTIFY, That I attended deceased from October 15 1934 to Nov 5 1934

I last saw her alive on Nov 5 1934 Death is said to have occurred on the date stated above, at 10:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	

Other contributory causes of importance: Emphysema & Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Schmunk M. D.

(Address) 1327 S. Charles St.

F 06297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1748 Park Ave St., 14 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Lynch Gill

(a) Residence: No. 1748 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry James Gill

DATE OF BIRTH (month, day, year): Jan 14 - 1856

AGE: Years 78 | Months 9 | Days 17 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Nurse

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Philadelphia

13. NAME: James Lynch

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Caroline Mary Fuerer

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Geo. I. Lynch

(Address) 1748 Park Ave

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date Nov. 7, 1934

19. UNDERTAKER: Frederick Sons

(Address) Baltimore

20. FILED: 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr 16 - 1932 to Nov 5 - 1934

I last saw her alive on Nov 5 - 1934 Death is said to have occurred on the date stated above, at 12.30 P.m.

The principal cause of death and related causes of importance were as follows:

Complication of diseases Diabetes with arteriosclerosis, general and cerebral — with general decline in health, Gradual

Date of onset: —

Other contributory causes of importance: Loss of consciousness

Coma, and death from gradual respiratory failure

Name of operation — Date of

What test confirmed diagnosis? Clinical Was an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stanley Cole M. D.

(Address) 2202 Garrison Blvd

M. D. B. 1268-0

F 06298

F 06298

HEALTH DEPARTMENT—CITY OF BALTIMORE

292077

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vincent Pignatora

(a) Residence: No. 1917 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Josephine Pignatara.

6. DATE OF BIRTH (month, day, year) 1/9/54

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	9	28 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Date 11/10th, 1934

19. UNDERTAKER Ernest Harle
(Address) 115 E West St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1934 to Nov 6, 1934

I last saw h[illegible] alive on Nov 6, 1934 Death is said to have occurred on the date stated above, at 7 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (left base)	11/3/34
Other contributory causes of importance:	
(1) B.P.H.	
Acute urinary retention	10/29/34
Arteriosclerosis & Cardiac hypertrophy	(2)

Name of operation Suprapubic Cystotomy Date 11/2/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M K Woodhall M. D.

(Address) Johns Hopkins Hosp

F 06299

Morris

F 06299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev Stephen J. Morris

(a) Residence: No. St. Jeromes Rectory 1756 W. Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-27-1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	10	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Clergyman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.C.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Rev. Morris

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine McDermott

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Agnes Sowers

(Address) 114 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL Date 11/9 1934

Place Cathedral

19. UNDERTAKER Bernard E. Harkr.

(Address) 1500 E Pleasant St

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-34

22. I HEREBY CERTIFY, That I attended deceased from 10-10-34 to 11-6-34

I last saw h[illegible] alive on 11-6-34

to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

Other contributory causes of importance:

Hypertension
Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hospital

M. D. R. 1268 F 06300 ✓ F 06300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29161 X 46

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Morris

(a) Residence: No. 201 E St, Sparrows Point St., Ward. Sparrows Point
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice

DATE OF BIRTH (month, day, year) 6/15/74

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 057

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Morris

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Boyd

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Monumental Cem. Date Nov 9, 1934

19. UNDERTAKER C. LeRoy Stoffler, Inc.
(Address) 121 E Monument

FILED Nov 7 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1934 to Nov. 6, 1934

I last saw him alive on Nov. 6, 1934 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach — Date of onset Spring 1934
Secondary anemia

Other contributory causes of importance: Pernicious anemia — 1927

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. Carmichael Gilchrist, M. D.

(Address) Johns Hopkins Hospital

F 06301

F 06301

HEALTH DEPARTMENT—CITY OF BALTIMORE

X 108

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 25-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Dorsey

(a) Residence: No. River Rd. Linthicum Heights Md St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) March 24, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Harry K. Dorsey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Anna Hurley

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Harry K. Dorsey

(Address) Linthicum Heights, Md.

18. BURIAL, CREMATION, OR REMOVAL Date Nov. 7 1934

Place Melville Cemetery Elkridge

19. UNDERTAKER E. Leroy Stiller, Inc.

(Address) 125 E. Hoffman Ave.

FILED 7 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6. 1934

22. I HEREBY CERTIFY, That I attended deceased from November 2. 1934 to November 6. 1934

I last saw her alive on November 6, 1934 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 10/1/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) Carl G Parker M. D.

(Address) St Agnes Hosp.

H. D. B 1268-9

F 06302

HEALTH DEPARTMENT—CITY OF BALTIMORE

06302

CERTIFICATE OF DEATH

82-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 Ashland Ave St., 7-A Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Staib

(a) Residence: No. 1802 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) Feb 21/1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	8	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Aloas

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Schwartz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Lawrence Fales

(Address) 2426 E. Biddle St

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov. 8 1934

UNDERTAKER William G. Schaeffer

(Address) 1816 E. monument st

FILED 1934 Huntington Williams, M.D. Registrar. # 10867

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8.30 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
probably Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D. K. Kaiser, M. D.
Coroner

(Address) 508 E Fort Ave

M. D. B. 1268-9

F 06303

06303 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. [illegible] Ward)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy Haskins

(a) Residence: No. 917 Oakland Ave St., Ward. [redacted]

(Usual place of abode) 10 Yrs, (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Widow ?

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) 1875 ?

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt City Hosp. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Arbor Cem Date Nov 7th 34, 19...

19. UNDERTAKER Mitten & Davis (Address) 416 N Carrollton Ave

20. FILED Nov 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1930 to Nov 3, 1934

I last saw her alive on Nov 3, 1934. Death is said to have occurred on the date stated above, at 11:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Terminal
Hemiplegia Rt. - 4 days	4 yrs
Old cerebral hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) Balt City Hosp

M. D. F. 1268-9

F 06304

06304

HEALTH DEPARTMENT—CITY OF BALTIMORE

152

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Zeller

(a) Residence: No. 519 S. Decker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced — HUSBAND of ~~WIFE~~ of Marie Zeller

7. DATE OF BIRTH (month, day, year) June 18-1911

8. AGE — Years: 23 | Months: 4 | Days: 17 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Press room Emp.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Sun

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Joseph Zeller

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Veronica Britz

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Veronica Zeller. Mother

(Address) 111 N Caton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: Nov 10 1934

19. UNDERTAKER: Theo. Zeller Sons

(Address) 710 S. Eden St.

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6. 1934

22. I HEREBY CERTIFY, That I attended deceased from November 5. 1934. to November 6. 1934

I last saw him alive on November 6. 1934 Death is said to have occurred on the date stated above, at 3:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Tumour of nose (about	12-30-34
2. Cellulitis of face and scalp	
3. Septicaemia	

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John Waeseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

H. D. B. 1268-9

Schmeltzer ✓ F 06305

06305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5908 Brandywine St. 27th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby boy Schmeltzer

(a) Residence: No. 5908 Brandywine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Nov. 5 1934

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Name of Schmeltzer

14. BIRTHPLACE (city or town) Balto Co. Md
(State or country)

15. MAIDEN NAME Dolores E. Damm

16. BIRTHPLACE (city or town) Balto Co. Md
(State or country)

17. INFORMANT Mr Delores E Schmeltzer

(Address) 5908 Brandywine St

18. BURIAL, CREMATION, OR REMOVAL

Place J. Med College Date Nov 7 1934

19. UNDERTAKER —

(Address) —

FILED ..., 19... Registrar.

1934 0842

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1934 to Nov 5th 1934

I last saw h[illegible] alive on Nov 5th 1934 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina bifida (Fatal)	
Miscarriage due to partial detachment of placenta. Prem.	
Other contributory causes of importance:	
Mal Nutrition	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) [illegible] M. D.

(Address) 1205 N. Monroe

M. D. B. 1268-9

✓ F 06306

06306 70

2 9306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Shields

(a) Residence: No. 1538 Harlem Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Nov 7, 1934

19. UNDERTAKER

(Address)

FILED 7 1934, 19..., Registrar.

0813 AM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to Oct 30, 1934

I last saw him alive on Oct 30, 1934 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Auricular Fibrillation	?
Myocardial Failure	April 19[illegible]

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Carmichael Lightner, M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 06307

06307 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 53

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 22-41 Ward)

Length of residence in city or town where death occurred 2 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Murphy

(a) Residence: No. Elliott City Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 2-29-1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Estelle D Murphy

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Robinson Reiver

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Blanche Feeney

(Address) Ellicott City Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 10 1934

19. UNDERTAKER Wm J Hagan & Son

(Address) Ellicott City Md

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7 1934

22. I HEREBY CERTIFY, That I attended deceased from September 18 1934 to November 7 1934

I last saw h[illegible] alive on November 7 1934 Death is said to have occurred on the date stated above, at 9.25 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pigmented mole r. arm, (melanotic sarcoma)	
2. Abdominal metastases of melanotic sarcoma	

Other contributory causes of importance:

Name of operation Laparotomy Date of 9-20-34

What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Wm Carmichael M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-0

F 06308

6308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 Stump alley St. 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby boy Gibson

(a) Residence: No. 511 Stump alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	Single

5a. If married, widowed, or divorced WIFE of / HUSBAND of: Infant.

6. DATE OF BIRTH (month, day, year) Nov. 6, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ? hrs. or min.
1 day				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME James Artis

14. BIRTHPLACE (city or town) (State or country) Greensboro N.C.

MOTHER

15. MAIDEN NAME Etta Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Etta Gibson

(Address) 511 Stump alley.

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Nov 7 1934

19. UNDERTAKER

(Address)

20. FILED ..... 19.. ..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1934, to Nov. 7, 1934

I last saw him alive on Nov 6, 1934 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	
23 Weeks	
Other contributory causes of importance: Congenital Debility	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Louis E. Goodyear M. D.

(Address) Provident Hosp.

M. D. F. 1961-9

F 06309

06309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1214 S. Highland Ave St., 76-81 (Ward)

Length of residence in city or town where death occurred ~~mos.~~ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wasyl Bilobran

(a) Residence: No. 1214 S. Highland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~WIFE of~~ Eva Bilobran

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sticker Puller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co. Tin Mill Dept.

10. Date deceased last worked at this occupation (month and year) 086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galicija

MOTHER FATHER

13. NAME John Bilobran

14. BIRTHPLACE (city or town) (State or country) Galicija

15. MAIDEN NAME Stella ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Eva Bilobran

(Address) 1214 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cemetery Date November 10th 1934

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann Street

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 — 34 to Nov 7 — 34

I last saw alive on Nov 6 1934 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Ca of the Colon + Liver

Date of onset

Other contributory causes of importance:

Acute Cardiac Dilatation Chronic Nephritis

Name of operation Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Nature of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

M. D. P. 1703-9

F 06310

06310 HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-61 (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Lena Zimmerman

(a) Residence: No. 2300 Callow Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced
WIFE of (~~husband~~) Jacob Zimmerman

6. DATE OF BIRTH (month, day, year) May -, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 64	6	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Eidelheim

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME ~~Eidelheim~~ Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob C Zimmerman
(Address) 2300 Callow Ave

18. BURIAL, CREMATION, OR REMOVAL Workmen Circle Cemetery Date Nov. 8, 1934
Place

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

20. FILED NOV 7 1934 [illegible] M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Nov 7 1934

I last saw her alive on Nov. 6 1934 Death is said to have occurred on the date stated above, at 5:37 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall bladder	1928

Other contributory causes of importance:
Metastases to liver
Obstruction of Common bile duct

Name of operation Laparotomy + Exploration Date of 10/9/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hurwitz M. D.

(Address) Sinai Hospital

(Dorsey)

F 06311

H. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06311

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

Baltimore City Hospitals 30

CITY OF BALTIMORE: (No. ... St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Dorsey

(a) Residence: No. 710 W. Fayette St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed or divorced — HUSBAND (or) WIFE of: Della Dorsey
7. DATE OF BIRTH (month, day, year): Mar 17 1893
8. AGE: Years 41, Months 7, Days 22. If LESS than 1 day, ... hrs. or ... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
11. Date deceased last worked at this occupation (month and year): 3
12. Total time (years) spent in this occupation: 3
13. BIRTHPLACE (city or town) (State or country): Baltimore Md.
14. NAME: Jones Dorsey
15. BIRTHPLACE (city or town) (State or country): Md.
16. MAIDEN NAME: Mamella Bailey
17. BIRTHPLACE (city or town) (State or country): Va
18. INFORMANT: Hosp. Records
19. BURIAL, CREMATION, OR REMOVAL — Place: Mt. Auburn Date: 1/8 1934
20. UNDERTAKER: Samuel H. Rose & Son
(Address): 628 N. Fulton Ave Baltimore, Md.
21. FILED: 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH (month, day, year): Jan 5 1934

18. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to Jan 5 1934

I last saw him alive on Jan 4 1934 Death is said to have occurred on the date stated above, at 5A m.

19. The principal cause of death and related causes of importance were as follows:

Tuberculosis Cerebralis ? — Date of onset ?

Tuberculosis Kidneys ?

Other contributory causes of importance: Broncho-pneumonia — Jan 5 1934

Name of operation: Autopsy Date of: Jan 5 1934

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Gray M. D.

(Address) Baltimore City Hospitals Baltimore, Md.

M. D. B. 1269-9

E 06312

HEALTH DEPARTMENT—CITY OF BALTIMORE

06312

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH Church Home and Infirmary, Baltimore, Maryland.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6-01 St., ... Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lillie Cummings

(a) Residence: No. 726 Parkville, Harford Road, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

6. If married, widowed, or divorced (or) WIFE of ~~HUSBAND of~~ James C. Cummings

7. DATE OF BIRTH (month, day, year) August 6, 1877.

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2	30 29	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 037

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Charles County. Md.

14. NAME Harry Christ

15. BIRTHPLACE (city or town) (State or country) Germany

16. MAIDEN NAME Carolyn Hoffman.

17. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

18. INFORMANT Mrs George W. Paget (Suter)
(Address) 726 Parkville (Harford Road), Maryland

19. BURIAL, CREMATION, OR REMOVAL Old Folks Home Cemetery
Place Pughsville Md. Date Nov 8th 1934

20. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

21. FILED ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1934 .19

22. I HEREBY CERTIFY, That I attended deceased from October 15 .1934. to November 5 .1934.
I last saw h.e.r. alive on November 5 .1934. Death is said to have occurred on the date stated above, at 2:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
~~Pulmonary Occlusion~~	
Coronary occlusion	

Other contributory causes of importance:

Pulmonary Embolism	
Myocardial Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Hugh C. Maguire, M. D.

(Address) Church Home & Infirmary 19

M. D. B. 1268-9

F 06313

06313 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 801 McKean Ave 16 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ellis Toy

(a) Residence: No. 801 McKean Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married, Widowed, or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of James S. Toy

DATE OF BIRTH (month, day, year) June 23 1846

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	4	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) St Marys Co Md

13. NAME John Hayden

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

15. MAIDEN NAME Elizabeth Wheeler

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

17. INFORMANT Eva Toy

(Address) 801 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Toy Chapel St Marys Co. Md Date Nov 8 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Baltimore St

Huntington Williams & Co

Registrar.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1 1934 to Nov 5 1934

I last saw her alive on Nov. 5 1934 Death is said to have occurred on the date stated above, at 9:45 p.m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Exhaustion from senile decay.	1133
Other contributory causes of importanre: abdominal tumor	1931

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? ... Date of injury ... 19...

Where did injury occur? (Sperify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward H Cloutman M. D.

(Address) 5304 Fulton Ave

H. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06314 F 06314

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tedison Cottrell

(a) Residence: No. 705 Harvey St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~ widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Louise Cottrell

7. DATE OF BIRTH (month, day, year) Jan 11th 1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Easton Md

13. NAME Tedison Cottrell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rebecca Leonard

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence Linthicum

(Address) 705 Harvey St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 8th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5th 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. J. Peters M.D. M. D.

(Address) 1305 N Patterson Park Ave Coroner

M. D. P. 1268-9

F 06315

06315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1263 Battery Ave St., 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 7 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances H. Schafer

(a) Residence: No. 1263 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christopher Schafer

6. DATE OF BIRTH (month, day, year) March 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	8 7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Casper Lemany

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Bowe
(Address) 1263 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov 1. 1934

19. UNDERTAKER C. Howard Evans
(Address) 2[illegible] Edmondson Ave

20. Filed 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1934

22. I HEREBY CERTIFY, That I attended deceased from July 2 1934 to Nov 6 1934

I last saw h[illegible] alive on Nov 6 1934 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Signs Autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. Wallace Wallace M. D.

(Address) 827 Eutaw St.

H. D. B 1268-9

06316 F 06316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2113 Herbert St. St., 15-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 6 mos. 27 ds. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert L. Abbott.

(a) Residence: No. 2113 Herbert St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 11-1931

8. AGE — Years 3 | Months 6 | Days 27 25 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath md.

13. NAME Herbert R. Abbott

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Helen M. Swann

16. BIRTHPLACE (city or town) (State or country) Wash. Dc.

17. INFORMANT Helen Abbott

(Address) 2113 Herbert

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov. 8 1934

19. UNDERTAKER F. C. Shubert & Son

(Address) 1300 Eutaw Place

20. FILED 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Gastro Enteritis — Date of onset .....

Other contributory causes of importance: Jaundice & E.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. A. Falk M. D.
Coroner

(Address) Coroner

F 06317

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06317

93-004

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 E. Eager St St., 11-01 Ward)

Length of residence in city or town where death occurred 84 yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Walters Dixon

(a) Residence: No. 20 E Eager St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late William T. Dixon

7. DATE OF BIRTH (month, day, year) Nov 8 1845

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	11	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles L. Dudeglusya

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Pickett Walters

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Thomas S Tenllen

(Address) 20 E. Eager St Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Hill Cemetery Date Nov 8 1934

19. UNDERTAKER Henry D Watkins Son Co

(Address) McCulloh & Orchard Sts

20. FILED Nov 9 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from May, 1933, to Nov. 7, 1934

I last saw her alive on Nov. 7 1934 death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	

Other contributory causes of importance:

Gall stones for which she operated on at Hopkins Hospital years ago about 20 | 45

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Thomas S Tenllen M. D.

(Address) 20 E. Eager St

M. D. F 06318 Laprade F 06318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

345

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 Biddle St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Laprade

(a) Residence: No. 342 Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ellen Laprade

6. DATE OF BIRTH (month, day, year) 1/1/1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10 11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Balto. City

FATHER

13. NAME — Laprade

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Ellis Johnson

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Connie Laprade

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 6 34

19. UNDERTAKER Daniel Easton

(Address) 916 Pa Ave

20. FILED NOV 8 1934 H. C. I. Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/4/34

22. I HEREBY CERTIFY, That I attended deceased from 8/11/34 to 11/4/34

I last saw him alive on 11/2/34 Death is said to have occurred on the date stated above, 730 P.M.,

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	about 8/11/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ellis M. D.

(Address) Greenmount Ave

M. D. B. F 06319

F 06319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 907 Burgundy Ave 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elmer Bunch

(a) Residence: No. 907 Burgundy Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) May 25-1921

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William H Bunch

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary Beck

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William H Bunch

(Address) 907 Burgundy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date 11/8/34 19

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED 11/8 1934 Registrar.

C 1034

MEDICAL CERTIFICATE OF DEATH 8:15 PM

21. DATE OF DEATH (month, day, year) Nov 5/34. 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 . 1934 to Nov 5 . 1934

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas A Carlson M. D.

(Address) 2145 N Bath St

M. D. B. 12-36 F 06320 F 06320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

148

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6410 Fairdale Av 27-06 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Hermani

(a) Residence: No. 6410 Fairdale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of William Hermani

DATE OF BIRTH (month, day, year) Nov 3rd 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	0	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Lorenz Bahr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Kleid

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Hermani

(Address) 6410 Fairdel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 9th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... ... Registrar.

8 1938 Sept 1st A ... D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934 to Nov 6 1937

I last saw her alive on Nov 6 1937 Death is said to have occurred on the date stated above, at 1140 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Uterus) (Bladder)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 3018 Edmondson Ave

F 06321

M. D. H. 1925

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06321

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2231 Sidney Ave. Westport. 25-01 Ward)

Length of residence in city or town where death occurred 18 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George F. Armstrong.

(a) Residence: No. 2231 Sidney Ave. Westport. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

6a. If married, widowed, or divorced, HUSBAND OF Katie Armstrong.

6. DATE OF BIRTH (month, day, year) October 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber Yard

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 35-

12. BIRTHPLACE (city or town) (State or country) Baldwin New York.

13. NAME Charles Armstrong.

14. BIRTHPLACE (city or town) (State or country) Baldwin New York.

15. MAIDEN NAME Ellen Collins.

16. BIRTHPLACE (city or town) (State or country) New York.

17. INFORMANT Katie Armstrong. (wife)
(Address) 2231 Sidney Ave. Westport.

18. BURIAL, CREMATION, OR REMOVAL Date Nov 10th 1934
Place ~~Mt. Olivet~~ Loudon Park Wm Cook

19. UNDERTAKER 1217 St Paul St
(Address)

20. FILED ..... 19..... Registrar.

NOV 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	
Other contributory causes of importance:	

Name of operation None. Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

How, specify .....

(Signed) Otto H. Reinhardt, M. D. Coroner

11/7/34 (Address) 1017 S. Charles St.

M. D. B 1200

F 06322

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06322

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Auchentoroly Terrace 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James S. Gorsuch

(a) Residence: No. 3304 Auchentoroly Terrace Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): Oct 31st 1856

7. AGE — Years: 78 | Months: 0 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.: American Tobacco Co

10. Date deceased last worked at this occupation (month and year): 1917

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Robert Gorsuch

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Sophronia Angel

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Robert U Krafft

(Address): 5107 Sunnyside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: Nov 8th 1934

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

20. FILED ..... 19..... Registrar.

NOV 8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John H Norman M. D.

(Address) 3912 Roland Ave Coroner

M. D. B. 1268-9

F 06323

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06323

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1311 W. Mulberry St. St. 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Catherine Blay

(a) Residence: No. 1311 W. Mulberry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Blay

6. DATE OF BIRTH (month, day, year) Dec. 14-1889.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

MOTHER'S MAIDEN NAME

13. NAME Amos Dorsey

14. BIRTHPLACE (city or town) (State or country) Howard County Maryland

15. MAIDEN NAME Virginia Greenfield

16. BIRTHPLACE (city or town) (State or country) Howard County Maryland

17. INFORMANT Arthur Blay

(Address) 1311 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL

[illegible] Nov. 7, 1934

19. UNDERTAKER Archibald Geddis

(Address) 2101 McCulloh St.

20. FILED [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 11.20 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nove 5 1934

Other contributory causes of importance:

None

Investigations show no specific infection

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jos. L. Valentine Coroner, V. M. D.

(Address) 16 South Broadwsy

M. 06324 F 06324

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospt. St., 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Coleman

(a) Residence: No. 5203 Belmore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Widowed

6. DATE OF BIRTH (month, day, year) Aug 11, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year) 9/6/34

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Hanson Goldman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ella Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospt. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St Johns Cemetery Date Nov 8, 1934

19. UNDERTAKER Adolphus Halstead
(Address) 952 Druid Hill Ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/7, 1934 to 11/6, 1934

I last saw her alive on 11/5, 1934 Death is said to have occurred on the date stated above, at 7:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	11/5/34
Intestinal Obst. Endocarditis	5/6/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

1934

F 06325

Spec.—6-9-19—H. P. Co.—1000 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06325

J 34

CERTIFICATE OF DEATH

1-PLACE OF DEATH Balto Eye Ear & Throat Hosp. REGISTERED NO.

CITY OF BALTIMORE: (No. 1214 Eutaw Pl St. 27-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest Bull

(a) RESIDENCE. No. 3126 Berkshire Rd. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Mabel Bull

6 DATE OF BIRTH (month, day, and year) April 23, 1876

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Bookkeeper

(b) General nature of industry, business, or establishment in which employed (or employer) Wm Graham & Co.

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Swansea, South Wales, Eng.

PARENTS

10 NAME OF FATHER Wm Franklin Bull

11 BIRTHPLACE OF FATHER (city or town) (State or country) London, England

12 MAIDEN NAME OF MOTHER Isabella Bull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London, England

14 Informant Balt. Eye, Ear & Throat Hosp
(Address)

15 Filed NOV 10 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 8 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1934, to Nov 8, 1934, that I last saw h~~im~~alive on Nov 4, 1934 and that death occurred, on the date stated above, at 7:45 A. m.

The CAUSE OF DEATH* was as follows:

Luetic cardiovascular disease

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Syphilis

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Yes Date of Nov 5, 1934

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Jerome Snyder, M. D.

, 19 (Address) 1214 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Redeemer Cem.	Nov. 10 1934
20 UNDERTAKER	ADDRESS
Leath, Lassahn & Son	7401 Belair Rd

or.—12-9-25—A Co.—200 Bks.

F 06326

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06326

CERTIFICATE OF DEATH.

✓ 108

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 920 N. Eutaw St St. 11-01 Ward)

2-FULL NAME Nancy A. Williams

(a) RESIDENCE NO. 926 N. Eutaw St St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widow

If married, widowed, or divorced (or) WIFE of Issac C. Williams

DATE OF BIRTH (month, day, and year) May 17-1850

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	84	5	18	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) Berryman

(State or country) Maryland

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)_____

(State or country)

12 MAIDEN NAME OF MOTHER Lizzie Pitt

13 BIRTHPLACE OF MOTHER (city or town) Berryman

(State or country) Maryland

Informant Mrs. Samantha Warren

(Address) 920 N. Eutaw St. Balto Md

Filed_____, 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) Nov 5 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an_____ (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said_____ (inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows: Lobar Pneumonia

4 Days (duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary)_____ (duration) ____ yrs. ____ mos. ____ ds.

(Signed) H. Smith M. D. (Coroner)

(Address) 926 Eutaw Corner

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?_____

Former or usual residence_____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union M. E. Cemetery Harford Co. Date of Burial Nov. 8 1934

20 UNDERTAKER Henry Tarring Sons ADDRESS Aberdeen Md

M. D. F. 1-9 F 06327

F 06327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 234 N Carey St., 19-01 Ward)

Length of residence in city (or town) where death occurred 29 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Bruce Johnson

(a) Residence: No. 234 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col.	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year) 4-6-1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	29.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework Mathieus

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

FATHER

13. NAME John Davis

14. BIRTHPLACE (city or town) (State or country) Wash D. C.

MOTHER

15. MAIDEN NAME Evelyn Jones

16. BIRTHPLACE (city or town) (State or country) Wash D. C.

17. INFORMANT (Address) Jeanette Johnson 234 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL Place Woodville Md Date 11/8/34 19

19. UNDERTAKER (Address) Chas. H. Cooper 514 N. Calhoun St.

20. FILED 19 Registrar

Nov 19 1934 H. C. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-5- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1934 to Nov 5 1934

I last saw he alive on Nov 5 1934 Death is said to have occurred on the date stated above, at 7 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	11/2/34

Other contributory causes of importance:

DR

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. F. Hatcher M. D.

(Address) 1770 Pa Ave

M. D. P. 1208-9

06328 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 06328

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Church Home + Infirmary 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Adeline Myers

(a) Residence: No. 725 N Chester St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 25, 1907

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Joseph Cilento

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Adeline Strauf

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Adeline Cilento
(Address) 725 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date Nov. 10, 1934

19. UNDERTAKER Mrs. J. Miller & Son
(Address) 2054 Jefferson St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-28-34, 19 . to 11-6-34, 19 .

I last saw her alive on 11-6-34, 19 . Death is said to have occurred on the date stated above, at 5:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	1917

Other contributory causes of importance:
Myocardial Failure
Embolism (?)

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Fontkedlacek, M. D.

(Address) Church Home + Infirmary

M. D. Form 1203-

F 06329

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06329

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto City Hospitals

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore, Md. 6-A Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Smith

(a) Residence: No. 102 N. Curley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Stephen Smith

7. DATE OF BIRTH (month, day, year): 5/14/1870

8. AGE: Years 64 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Balto, Md.

13. NAME: Philip Brence

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Park Cem. Date Nov 6, 1934

19. UNDERTAKER: Chas. C. Miller & Son (Address) 2334 Jefferson St

20. FILED Nov 8 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-7-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-27-1934 to 11-7-1934

I last saw her alive on 11-7-1934 Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset ?

Gangrene, Rt. foot — diabetic

Other contributory causes of importance:

mention — ?

secondary anemia — "

Name of operation: Amputation Leg — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Samuel H. Corse M. D.

(Address) Balto City Hosp Balto. Md.

F 06330

M. D. B. No. F 06330

2920444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate R. Rhoads

(a) Residence: No. 1102 Rutland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 13 1877

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 049

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seamstress

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

PERSONAL AND FAMILY HISTORY

13. NAME Ed. Rhoads

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME ? ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Nov 9 1934

19. UNDERTAKER Henry Lutz

(Address) 1203 N. Broadway

20. FILED Nov 7 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-2 1934 to 11-6 1934

I last saw her alive on 11-6 1934. Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Septicemia - Hemolytic Strep.	10-26-34?
(2) Terminal bronchopneumonia	11-2-34?
(3) acute bilateral endocarditis	11-2-34?
(4) acute purulent meningitis	11-5-34

Other contributory causes of importance:

(1) Acute Abdominal Adhesions	10-20-34?
(2) Obesity	30 yrs?
(3) Intussusception	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Chevrotel Telfman, M. D.

(Address) Johns Hopkins Hospital

H. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06331

CERTIFICATE OF DEATH

06331

93-004

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 515 N. Washington St. 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Rever

(a) Residence: No. 515 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Fannie Gibson Rever

DATE OF BIRTH (month, day, year) Oct 9/1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Dept.

10. Date deceased last worked at this occupation (month and year) 14 yrs ago

11. Total time (years) spent in this occupation 061

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Ferdinand Rever

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ferd W. Rever
(Address) 411 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Nov 8 1934

19. UNDERTAKER John Gilenck & Sons
(Address) 22 E. Biddle St

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
(History of Hypotension)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Hutton , M. D.

(Address) 1108 E. Monument

H. D. B. 1268-9

06332

HEALTH DEPARTMENT—CITY OF BALTIMORE

06332

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 E Oliver St St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alvin A Kirst

(a) Residence: No. 1210 E Oliver St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Johannah Kirst

7. DATE OF BIRTH (month, day, year) Feby 1st 1854

8. AGE: 80 Years | 9 Months | 7 Days | 6 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 6

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME August Kirst

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Johannah Kirst
(Address) 1210 E Oliver st

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Nov 9 1934

19. UNDERTAKER John Ulrich
(Address) 200 S Arlington Ave

NOV 8 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1934 to Nov. 7 1934.
I last saw him alive on Nov 6 1934. Death is said to have occurred on the date stated above, at 3.40 m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Other contributory causes of importance:

Senile Cardiac Dilatation

Name of operation — Date of

What test confirmed diagnosis Clinical — Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Nigel Pittman M. D.

(Address) 130 E Lanvale

M. D. B. 1268-9

06333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06333

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 28-9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Guido ~~Schroedl~~ Schroedl.

(a) Residence: No. 5212 Bellevieu Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 3 1865

7. AGE: Years 69? Months 1 Days 4 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Laborer~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Landscape Gardner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 0 Yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Gustav Schroedl

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Muehlhahn

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Nov 9 1934

19. UNDERTAKER: John Ulrich (Address) 2202 Allendale St

20. FILED 1934 Registrar

NOV 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934 to Nov 6, 1934

I last saw him alive on Nov 6, 1934. Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, ct	2 days
Hypertension	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Nagel M. D.

(Address) Balt City Hosp

F 06334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Bosley

(a) Residence: No. 110 N. Washington St., St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Ella

7. DATE OF BIRTH (month, day, year): 3/27/81

8. AGE: Years 53; Months 7; Days 8; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lumberyard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Wm Bosley

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Ellen Hagner

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Wards

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Druid Park Date Nov 8 34

19. UNDERTAKER: Philip Henry Sons

(Address) 2016 Orleans St

1078 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1934 to Nov. 5 1934

I last saw him alive on Nov. 5 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis of coronary arteries + chronic myocarditis	10-30-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry A. Cotton M. D.

(Address) Johns Hopkins Hospital

F 06335

M. D. F 06335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 S Linwood Ave Ward)

Length of residence in city or town where death occurred 42 yrs mos ds. How long in U. S. If of foreign birth? 42 yrs mos ds.

2. FULL NAME Bertha Sporny

(a) Residence: No. 604 S Linwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Martin Sporny

6. DATE OF BIRTH (month, day, year): Oct 3 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Ignasius Knoch

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Stella Szymkowiak
(Address): 708 Potomac St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Cross Date: Nov 12 1934

19. UNDERTAKER: Martin W. O. Puppel
(Address): 37 S Smallwood St

Filed: 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 6 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-12 1934 to Nov 6 1934

I last saw h. alive on Nov 6 1934. Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	9/15/34

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place:

Manner of Injury:

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) Eugene Zellers M. D.

(Address) 2139 Eastern Ave.

M. D. B. 1268-9

F 06336

HEALTH DEPARTMENT—CITY OF BALTIMORE

06336

CERTIFICATE OF DEATH

92-001

Registered No. 7-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Svoboda

(a) Residence: No. 931 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jarmo Svoboda

7. DATE OF BIRTH (month, day, year) July 27, 1891

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Theodore Hooper

14. BIRTHPLACE (city or town) (State or country) Penn.

15. MAIDEN NAME Margaret Stevenson

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Catholic Hill Date Nov 11 1934

19. UNDERTAKER Frank Brack Son (Address) 1906 Eastern Ave

20. FILED [illegible] 1, 19[illegible] Registrar.

8 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1934 to Nov. 8, 1934

I last saw her alive on Nov 8, 1934 Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis, rheumatic (?)	?
Sclerosis of pulmonary artery	?
Myocardial insufficiency & congestive failure	3 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Phaneuf M. D.

(Address) Balt. City Hosp

M. D. B. 1208-9

E 06337

HEALTH DEPARTMENT—CITY OF BALTIMORE

06337

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen'l Hosp. St. [illegible] Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth 41 yrs. mos. ds.

2. FULL NAME James Pirka

(a) Residence: No. 814 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mary Pirka not known

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Tailor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Bohemia

FATHER

13. NAME — Joseph Pirka

14. BIRTHPLACE (city or town) (State or country) — Bohemia

MOTHER

15. MAIDEN NAME — not known

16. BIRTHPLACE (city or town) (State or country) — Bohemia

17. INFORMANT (Address) — James Pirka 814 N Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 10 1934

19. UNDERTAKER — Frank Krach Son

(Address) 1906 Orleans St

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1934 to Nov. 7 1934

I last saw him alive on Nov. 7 1934. Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of sigmoid.	?
Intestinal obstruction	10/25/34
Myocardial failure	11/6/34

Other contributory causes of importance:

Name of operation Colostomy (clinical) Date of 10/30/34

What test confirmed diagnosis? (clinical) Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. M. J. Curnis M. D.

(Address) So. Balto. Gen'l. Hosp.

M. D. F. 1263-9

F 06338

06338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1514 N. Maderia St., 8-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William vonKennen

(a) Residence: No. 1514 N. Maderia St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ada L. von Kennen

6. DATE OF BIRTH (month, day, year) May 7, 1887.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	6	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frederick von Kennen

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kate Selbert

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Ada L. von Kennen

(Address) 1514 N. Maderia, St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov. 9th 19 34

19. UNDERTAKER Frederick A. Loke

(Address) 1500 W Lombard St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6 19 34

22. I HEREBY CERTIFY, That I attended deceased from 7-8 19 34 to 11-6 19 34

I last saw him alive on 11-6 19 34 Death is said to have occurred on the date stated above, at 12:15 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary T. B	7/8/34

Other contributory causes of importance:

Myocardial degeneration	11/1/34

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Paul Miller M. D.

(Address) 1500 W Balto

M. D. B. 1264-9

F 06339

06339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Fernhill Ave. St., 28-21 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DAVID KING.

(a) Residence: No. 4401 Fernhill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie C. King.

6. DATE OF BIRTH (month, day, year) August 16th. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford Co. Virginia

FATHER

13. NAME Richard B. King

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lydia Peters

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Norris King
(Address) 4401 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery. Nov. 9th 34

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED 19 [illegible] Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2. 1934. to Nov 7. 1934.

I last saw him alive on Nov 6. 1934. Death is said to have occurred on the date stated above, at 2.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	Nov 2. 34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Brennan Hord M. D.

(Address) 2216 Garrison Blvd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

6340

CERTIFICATE OF DEATH

159

Registered No. 6340

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Rosedale Maternity Hospital St., (Ward) 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alan James DeViney

(a) Residence: No. Rock Point Rd. St., Ward. Passadena A.A. Co., Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 4, 1934.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Warren L. DeViney

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Rose Mary Corey

16. BIRTHPLACE (city or town) (State or country) Hamilton, Ontario, Canada

17. INFORMANT Mrs A. L. DeViney

(Address) Passadena, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross. AA Date 11/8/34 19

19. UNDERTAKER E & E. Hall 15 E. Mt. St.

(Address)

20. Filed 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1934 to Nov. 8 1934

I last saw him alive on Nov. 8 1934. Death is said to have occurred on the date stated above, at 8:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	11-4-34
due to prematurity (8 months fetus)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Wilkinson M. D.

(Address) 5713 Bel Air Rd.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

96341 Grave 19 B 96341

CERTIFICATE OF DEATH

195

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ephram George

(a) Residence: No. unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date Nov 8 19 34

19. UNDERTAKER

(Address)

FILED 8 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
cause unknown	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury Oct 26 1934

Where did injury occur? Mt Vernon
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury unknown

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H W Kemp M.D. M. D.
Coroner

(Address) 345 N Gilmor St

M. D. B. 1268-9

E 06342

06342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 47

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital Lombard & Greene Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. 5 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Ethel Butler

(a) Residence: No. Annapolis St. 194 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Black
5. Single, Married, Widowed, or Divorced (write the word): married
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Butler.
6. DATE OF BIRTH (month, day, year): June 1 - 1892
7. AGE: Years 42; Months 5; Days 7; If LESS than 1 day, ..hrs. or ..min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): Annapolis Md.
13. NAME OF FATHER: Unknown
14. BIRTHPLACE (city or town) (State or country): Maryland Unknown
15. MAIDEN NAME OF MOTHER: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown
17. INFORMANT (Address): James Butler Annapolis Md
18. BURIAL, CREMATION, OR REMOVAL: Place St. Mary's Date Nov. 7 1934
19. UNDERTAKER (Address): Chas E. Hopkins Annapolis Md.
20. FILED: Huntington Williams Registrar
1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/8 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/3/34 to 11/8/34
I last saw h alive on 11-8-34. Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pernicious Myelitis (Cervical)	Oct 28-34
Metastasis to Dorsal vertebrae	

Other contributory causes of importance:
Cystitis & pyelitis

Name of operation ..... Date of ..... 19..
What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....
(Signed) ..... M. D.
(Address) University Hospital

M. D. [illegible]

F 06343

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06343

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Nottingham Road St., 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Molloy

(a) Residence: No. 528 Nottingham Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Sheehan

6. DATE OF BIRTH (month, day, year): Oct. 6, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	81	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER'S FATHER

13. NAME: Thomas Molloy

14. BIRTHPLACE (city or town) (State or country): ------- Ireland

15. MAIDEN NAME: Ann Cosgrove

16. BIRTHPLACE (city or town) (State or country): ------- Ireland

17. INFORMANT: Francis X. Molloy

(Address): 3428 St. Ambrose Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: 11/10 19 34

19. UNDERTAKER: Henry A. Mears & Son

(Address): [illegible]

20. FILED: [illegible] 19

NO 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to Nov. 7, 1934

I last saw him alive on Nov. 7, 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 1 1934

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Eugene L. Cosgrove M. D.

(Address) 514 Drury Lane

M. D. [illegible]

F 06344

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06344

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3309 Elgin Avenue St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 1 mos. 3 ds. How long in U. S. If of foreign birth? --yrs. --mos. --ds.

2. FULL NAME Bertha Kuper

(a) Residence: No. 3309 Elgin Avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Kuper

6. DATE OF BIRTH (month, day, year) Oct. 4, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Philip Odenwald

14. BIRTHPLACE (city or town) (State or country) ------- Germany

15. MAIDEN NAME Julia Aberle

16. BIRTHPLACE (city or town) (State or country) -------- Germany

17. INFORMANT Herman G. Odenwald

(Address) 3309 Elgin Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 11/9 19 34

19. UNDERTAKER Henry A. Myers & Son

(Address) 805 N. Calvert Street

20. FILED [illegible] 19 [illegible]

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1934 to Nov 7 1934

I last saw her alive on Nov 6 1934. Death is said to have occurred on the date stated above, at 1:30 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar-pneumonia	
duration five days	nov 2
Other contributory causes of importance:	
Lobar-pneumonia	nov 2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Dublin M. D.

(Address) 2220 Garrison Blvd.

M. D. F. 1948-9

F 06345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06345

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 Parkin St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F Wheeler

(a) Residence: No. 123 Parkin St., Ward. Staunton Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Millard F. Wheeler

6. DATE OF BIRTH (month, day, year) July 16-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	3	23.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME A Garber

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Mary P Woods

(Address) 123 Parkin St-

18. BURIAL, CREMATION, OR REMOVAL

Thornrose Cem Place Staunton Va. Date 11/10/ 1934

19. UNDERTAKER John L Cooper & Son

(Address) 1401 Beverley St-

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/ 1934

22. I HEREBY CERTIFY, That I attended/deceased from 11/7 1934 to 11/8 1934

I last saw her alive on 11/8 1934 Death is said to have occurred on the date stated above, at 8-15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	11/8
Other contributory causes of importance:	
Chronic Myocarditis	1 yr.

Name of operation none Date of —

What test confirmed diagnosis? Phys. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) J. Hunter, M. D.

(Address) 888 W. Lombard Street

M. D. B. 1943

F 06346

F 06346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3332 Mondawmin Ave Ward)

Length of residence in city or town where death occurred 20 yrs mos dys How long in U. S. If of foreign birth? yrs mos dys.

2. FULL NAME Elizabeth A Brown.

(a) Residence: No. 3332 Mondawmin Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Henry B. Brown

6. DATE OF BIRTH (month, day, year) Jan 1st 1845.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	11	6.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

FATHER

13. NAME Henry Sanders

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Muth.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Estella Ryland.
(Address) 3332 Mondawmin Ave.

18. BURIAL, CREMATION, OR REMOVAL
St Peter & Paul Cumberland Md Date 11/10/34

19. UNDERTAKER John J Conaty Son
(Address) 901 Wallbus St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7/ 1934

I HEREBY CERTIFY, That I attended deceased from Nov 5 1934 to Nov 7 1934

I last saw h[illegible] alive on Nov 6 1934 Death is said to have occurred on the date stated above, at 10:55 A m.

22. The principal cause of death and related causes of importance were as follows:

Shock & Laceration of
Fracture of R. Femur
Compound Fracture of L. Femur

Date of onset 11/5/34

Other contributory causes of importance:

Old age and a very frail mental and physical condition

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 11/5 1934

Where did injury occur? Home Fell to floor
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place While trying to get into chair

Manner of injury

Nature of injury Fract. Compound, Femur L & Fract. Femur R

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley Cole M. D.

(Address) 3207 Gwynn Oak Ave

M. D. P. 1768-2

F 06347

F 06347

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 E Dickeman St. 2nd-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Healy

(a) Residence: No. 201 E Dickeman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 3 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40 37	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME (John Healy

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Jenny Conway

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs Mary Healy

(Address) 201 Dickeman St

18. BURIAL, CREMATION, OR REMOVAL

Place Rathwalla Date Nov. 9 . 34

19. UNDERTAKER Chas L Lewis

(Address) 1501 Fort ave

FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9 . 1934 to Nov. 6 . 1934

I last saw him alive on Nov. 5 . 1934 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	10/9/34
Other contributory causes of importance: Exhaustion	11/5/34

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Campbell M. D.

11/8/34 (Address) 1644 Hanover St

M. D. B. 1268-3

F 06348

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06348

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura McGreevy

(a) Residence: No. 637 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Wm McGreevy

6. DATE OF BIRTH (month, day, year) Nov 15th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sabina C. Strake

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Cecelia Geppert

(Address) 637 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 10th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 9 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-6-34

22. I HEREBY CERTIFY, That I attended deceased from 11-6-34, 19 . to 11-6-34, 19 .

I last saw her alive on 11-6-34, 19 . Death is said to have occurred on the date stated above, at 1:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-4-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard, M. D.

(Address) Univ. Hospital

AACo. [illegible] 250

F 06349

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06349

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 E 23rd St St. 12-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry W. Kroll

(a) Residence: No. 423 Southway St., ... Ward. Baltimore
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or) WIFE of~~ Mabel Kroll

6. DATE OF BIRTH (month, day, year) Mar 17th 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrotyper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lanman-Bevan Co

10. Date deceased last worked at this occupation (month, year) early 1934

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Wm Kroll

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Filtz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mabel Kroll
(Address) 423 Southway

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Nov 10th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED NOV 12 1934 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8 1934

22. I HEREBY CERTIFY, That I attended deceased from August 9th, 1934 to Nov 8th, 1934

I last saw him alive on Nov 7 1934 death is said to have occurred on the date stated above, at 8:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema.	Nov 5-34
Chronic Myocarditis	several years
Other contributory causes of importance:	
Chronic myocarditis following	several years
Coronary Thrombosis	July 1934
Chronic nephritis	several years

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Nathaniel M Beck M. D.

(Address) 100 E. 23rd St.

M. D. B. 1-9 F 06350

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06350

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 1-01 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Swayne Milburn

(a) Residence: No. 128 S. East St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda S. Milburn

6. DATE OF BIRTH (month, day, year) Dec. 20, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) > 11. Total time (years) spent in this occupation >

12. BIRTHPLACE (city or town) (State or country) Valley Lee Md

FATHER

13. NAME John M. Milburn

14. BIRTHPLACE (city or town) (State or country) Valley Lee Md

MOTHER

15. MAIDEN NAME Eliza O. Wilson

16. BIRTHPLACE (city or town) (State or country) Valley Lee Md

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Poplar Hill Cemetery Place Valley Lee Md Date Nov 10 1934

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED Nov 12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7. 1934

22. I HEREBY CERTIFY, That I attended deceased from October 24. 1934 to Nov 7 1934

I last saw h... alive on Nov 7 1934 Death is said to have occurred on the date stated above, at 5-30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Miliary (General) tuberculosis	2 Mo

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J Phagan M. D.

(Address) Balt City Hosp

M. D. P. 1268-9

F 06351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 98

CITY OF BALTIMORE: (No. ... St., No. 76 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth ... yrs. ... mos. ... ds.

2. FULL NAME — Frank Herberg

(a) Residence: No. Balto City Hospitals Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 24 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ?, Oil

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

12. BIRTHPLACE (city or town) (State or country) — Germany

FATHER

13. NAME — Matthew Herberg

14. BIRTHPLACE (city or town) (State or country) — Germany

MOTHER

15. MAIDEN NAME — Elenora Ritzhaupt

16. BIRTHPLACE (city or town) (State or country) — Germany

17. INFORMANT — Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys (Hampden) Date Nov 9 1934

19. UNDERTAKER — Wm Cook

(Address) 1217 St Paul St

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1934 to Nov 7 1934

I last saw h alive on Nov 7 1934 Death is said to have occurred on the date stated above, at 9A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cause ?	
a Myocardial failure	?

Other contributory causes of importance: Gangrene 2-3 toes 6 weeks

Left - Arteriosclerotic

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H Gant M. D.

(Address) Balto City Hospitals Balto, Md.

M. D. B. 1246 F 06352 ✓ F 06352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (Co. West Balto General Hosp. 46-01 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lena Peace

(a) Residence: No. 810 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
F	W.	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of Malcolm Peace

6. DATE OF BIRTH (month, day, year) May 27th 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None — Old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Athens Georgia

FATHER

13. NAME James R. Worthan

14. BIRTHPLACE (city or town) (State or country) Athens Georgia

MOTHER

15. MAIDEN NAME Elizabeth Reeves

16. BIRTHPLACE (city or town) (State or country) Athens Georgia

17. INFORMANT Virginia Peace
(Address) 810 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Park Date Nov 9th 1937

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

NOV 10 1937 Reg. Asst.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/37

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Nov 6th 1937 to Nov 8th 1937

I last saw her alive on Nov 8th 1937. Death is said to have occurred on the date stated above, at 2:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr.

Other contributory causes of importance:

Cachexia
Cardiac failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Elsa Pohlman M. D.

(Address) West Baltimore Gen'l Hosp.

M. D. F 06353 ✓ F 06353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1413 Federal St. 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Leonora Hopkins

(a) Residence: No. 1413 Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

3a. If married, ~~widowed or divorced~~ ~~HUSBAND~~ of (or) WIFE of David C Hopkins

6. DATE OF BIRTH (month, day, year) Sept 23rd 1888

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
46	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER'S FATHER

13. NAME John J. Waltjen

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Kirby

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Hugh Quigley

(Address) 918 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 10th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..., 19.... Registrar.

NOV 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 4 1934 to Nov 7 1934

I last saw her alive on Nov 7 1934 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Lobar Pneumonia.	Nov 3/34
Other contributory causes of importance:	
Cardiac asthenia	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter W White-Jr M. D.

(Address) 2800 St Paul St

M. D. B. [illegible]

F 06354

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06354

CERTIFICATE OF DEATH

Registered No. 19-001

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. [illegible] St., 2[illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia May Balderson

(a) Residence: No. 4112 Gilbert Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Wm. M. Balderson

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Bessie Scott

16. BIRTHPLACE (city or town) West Virginia (State or country)

17. INFORMANT John Balderson

(Address) 4112 Gilbert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem Date Nov 9, 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1934 to Nov. 7, 1934

I last saw her alive on Nov. 7, 1934 Death is said to have occurred on the date stated above, at 3.10 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

1. Upper Respiratory Infection (Mexinzitis) (Pneumococcic) 11/5/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Spinal Puncture Was an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide [illegible] Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? [illegible] If so, specify

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

06355

PLACE OF DEATH

County City of Baltimore

F 06355

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 80

Village or City Balto (No. 223 N Castle St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Geo. McComas

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Male	W	Married

DATE OF BIRTH Jan 30, 1851 (Month) (Day) (Year)

AGE 83 yrs. 9 mos. 8 ds. If LESS than 1 day ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession or particular kind of work R. R. Foreman
(b) General nature of industry, business, or establishment in which employed or (employer) Penna Foreman

BIRTHPLACE (State or country) Maryland

10 NAME OF FATHER Kay McComas

11 BIRTHPLACE OF FATHER (State or country) Md

12 MAIDEN NAME OF MOTHER Sophia Hart

13 BIRTHPLACE OF MOTHER (State or Country) Md

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Rebecca McComas

(Address) 223 N. Castle St

Filed NOV 9 1934 192 Hampton Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 8, 1934 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Sept 13 1926 to Nov 8, 1934, that I last saw h[e] alive on Nov 7, 1934, and that death occurred on the date stated above, at 12 M 4 m.

The CAUSE OF DEATH * was as follows:

Locomotor Ataxia

(Duration) 7 yrs. ___ mos. ___ ds.

Contributory Secondary

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) E. J. Grace M. D.

192 (Address) Roseville Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Parkwood Cemetery — DATE OF BURIAL 11/10, 1934

20 UNDERTAKER Howard N. Blight Jr — ADDRESS 1418 N. Gay St

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

F 06356

M. D. B. 1201-9

F 06356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 14 How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph E. Wheatly

(a) Residence: No. 2637 E. Biddle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	———

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Infant

6. DATE OF BIRTH (month, day, year): May. 25, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Frank Wheatly

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Lillian Hrdlicka

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Lillian Wheatly

(Address) 2637 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 10, 19 34

19. UNDERTAKER: Frank Cvach & Son

(Address) 1906 Ashland Ave

20. FILED Nov 10 1934 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 7/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h..... alive on ....., 19.. Death is said to have occurred on the date stated above, at 8.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Poisoning - probably rat poison	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov. 7/34

Where did injury occur? Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home. Ate rat poison found under

Manner of injury ice box in tin can.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Vaeth M. D.

Coroner

(Address) 508 E. Monument

M. D. B. 1268-9

F 06357

F 06357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N.Duncan St St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? 51 yrs. mos. ds.

2. FULL NAME Anna Valis

(a) Residence: No. 414 N.Duncan St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Valis

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Frank Strejcek

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Frank Valis

(Address): 414 N.Duncan St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov.12 19 34

19. UNDERTAKER: Frank Cvach & Son

(Address): 1906 Ashland Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.8/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 34 to Nov 8 34 . 19

I last saw [illegible] alive on Nov 8 34. Death is said to have occurred on the date stated above, at 12.30 P.M

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation (Nov 1-34)

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) 801 N. Milton Ave

M. D. B 1268-9

F 06358 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06358

CERTIFICATE OF DEATH

✓ 92-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. City Hospital St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry M. Tucker.

(a) Residence: No. 3 N Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Tucker

6. DATE OF BIRTH (month, day, year) Nov 19 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	31	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 053

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm. S. Tucker

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth McDonald

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Catherine Tucker

(Address) 3 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 11/9/31

19. UNDERTAKER Geo. A. Starkey

(Address) Fulton Ave. Lafayette

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 10:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	
Other contributory causes of importance:	
Rheumatism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. P. Kerney M.D. M. D.

(Address) 1305 N Patterson Park Ave

M. D. F 06359

F 06359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1417 N Gay St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Katherine Virginia Boss

(a) Residence: No. 1417 N Gay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Milton Boss

6. DATE OF BIRTH (month, day, year) Nov 24 - 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Op

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Culture X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Nash

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia C. Kenny

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Julia C Nash

(Address) 2107 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 9 1934

19. UNDERTAKER H. J. Rodgers & Sons Funeral Parlors

(Address) 1500 N Fremont Ave

20. FILED Nov 9 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-14 1934 to 11/8 1934

I last saw her alive on 11-8 1934 Death is said to have occurred on the date stated above, at noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	11/1/34
Other contributory causes of importance: Adeno-carcinoma of uterus	11/6/34

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dane Miller M. D.

(Address) 1500 N Fremont Ave

F 06360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06360

50

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Bateman Avenue St. 15-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. 8 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriet Edel Pitcher

(a) Residence: No. 4000 Bateman Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edwin H. Pitcher

6. DATE OF BIRTH (month, day, year) Jan. 16th, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	9 8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 639

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Howard Sheppard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret E. O'Donnell

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Mr. Edwin H. Pitcher

(Address) 4000 Bateman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Nat'l Date Nov. 10, 1934

19. UNDERTAKER Wm. J. Pickner & Sons

(Address) Mosh & Penna Aves

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11th, 1934, to Nov. 7th, 34

Last saw her alive on November 7th, 1934 Death is said to have occurred on the date stated above, at 5 00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left breast	1931
Generalized carcinomatosis	1932
Asthenia	1934

Other contributory causes of importance:

Name of operation Left mastectomy Date of 4/5/32

What test confirmed diagnosis? Path Exc. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Wesley Edel M. D.

(Address) 2806 Garrison Blvd

M. D. F. No. F 06361

F 06361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2811 Halcyon Ave. St., 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Smith

(a) Residence: No. 2811 Halcyon Ave St., - Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Murray Smith

6. DATE OF BIRTH (month, day, year) Apr. 30, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Glen Rock Pa
(State or country)

FATHER

13. NAME Emmanuel R. Frey

14. BIRTHPLACE (city or town) Pa
(State or country)

MOTHER

15. MAIDEN NAME Mary A. Karcher

16. BIRTHPLACE (city or town) Switzerland
(State or country)

17. INFORMANT Mrs. Mary A. Smith

(Address) 2811 Halcyon Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date Nov. 10, 1934

19. UNDERTAKER (Address) Mc Kewen Sons North & Pulaski.

20. FILED ..... 19 34 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1930 to 11/6/34, 19

I last saw her alive on 11/6/34 Death is said to have occurred on the date stated above, at 2.15 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Infect.) — Date of onset

Other contributory causes of importance: Angina Pectoris

Name of operation None Date of

What test confirmed diagnosis? None Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Kyle W. Dolby M.D.

(Address) 5103 Hartford Rd

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

29 P 06362 Ped. 29 P 06362 157-004

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., N-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gary Litzenberger

(a) Residence: No. 1116 S. Bouldin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 21, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	2 wks.	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child M

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Charles Litzenberger

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Gertrude Hauver

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date Nov. 10, 1934

19. UNDERTAKER George W. Zickler
(Address) 1737 E. Pagal St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934 to Nov 8, 1934

I last saw him alive on Nov. 8, 1934 Death is said to have occurred on the date stated above, at 11 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital urethral valve	10-21-34
Hydronephrosis, bilateral	"
Hydroureter, bilateral	"

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Francis D. Schwentker M. D.

(Address) Johns Hopkins Hospital

06363

F 06363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 William St., 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Willett Jr.

(a) Residence: No. 1536 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence E. Willett

6. DATE OF BIRTH (month, day, year) Nov. 16-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	11	21 22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C W C

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles E. Willett, Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Florence E. Linton

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Florence E. Willett

(Address) 1536 William St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date Nov 10, 1934

19. UNDERTAKER George W. Zickler

(Address) 737 E. Fayette St.

20. FILED ... 19... by ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934 to Nov. 7, 1934

I last saw him alive on Nov. 7, 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/1/34
Other contributory causes of importance:	
Exhaustion	11/6/34

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

11/8/34 (Signed) H. E. Campbell M. D.

(Address) 1644 Hanover St

M. D. H. 1268-9

F 06364

F 06364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1934

Registered No. 79-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 79-01 Ward)

Length of residence in city or town where death occurred 2/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar S. Johnson

(a) Residence: No. 818 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 5, 1899

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
35	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ø

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Preston

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Resd Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Harford Co Md. Date 11/11 1934

19. UNDERTAKER Frances A Hemsley

(Address) 318 W Fredrick St.

20. FILED 11 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1934 to Nov 7, 1934

I last saw her alive on Nov 7, 1934 Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, glomerular (?)	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P Thayer M. D.

(Address) Balt City Hosp

M. D. Rev. 1928-2

F 06365

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06365

+V117-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp 16-01 St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John F Cunning

(a) Residence: No. 2913 Eastern Ave St., ... Ward. Balto Co

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) April 13, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Genoes

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Kennda

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mitchell Hoyestown Date 11/6/34 19

19. UNDERTAKER [illegible] & Co

(Address) [illegible] Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1934 to Nov 8, 1934

I last saw h[illegible] alive on Nov 5, 1934 Death is said to have occurred on the date stated above, at 3 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer & Pyloric obstruction	? 3 hrs?

Other contributory causes of importance:

Name of operation ..... Date of Yes

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) [illegible] M. D.

(Address) Balto City Hosp

M. & P. F 06366 Aimee Kerns F 06366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 16-01

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Amiee Kerns

(a) Residence: No. 2817 Raynor Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52 yrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John F. Kerns
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A. Devine
16. BIRTHPLACE (city or town) Delaware
(State or country)

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/10, 1934

19. UNDERTAKER Mary A. Gawthrop
(Address) 2839 Raynor Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 9th 1934 to November 8th 1934
I last saw her alive on November 7 1934 Death is said to have occurred on the date stated above, at 11 4.00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension arterio-sclerosis	(?)
Cerebral Hemorrhage	11-25-33
Other contributory causes of importance:	
Rt. Hemiplegia.	11-25-33
Decubitus ulcers	6-15-34

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occured in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon L. Kemp M. D.
(Address) St Agnes Hospital

F 06367

M. D. F. 06367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Frichel trause

(a) Residence: No. 5001 Elmer Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lipra

6. DATE OF BIRTH (month, day, year) 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor / Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Russia

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cedar Date 11/9/34

19. UNDERTAKER Jos. Young Son
(Address) 1439 E. Monument St

20. FILED 1934 Transfer for Interment

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1934 to Nov 8 1934

I last saw h[illegible] alive on Nov 8 1934 Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	11/6
Pyonephrosis	10/28

Other contributory causes of importance:

Kidney Stone

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilfred K. Knigberg M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

F 06368

F 06368 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 445 Rosebank Ave. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eva Elizabeth Edel

(a) Residence: No. 445 Rosebank Ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry J. Edel

6. DATE OF BIRTH (month, day, year) June 26, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Amreen

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Elizabeth —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Harry F. Medinger

(Address) 445 Rosebank Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Nov. 9, 1934

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. North Ave.

NOV 9 1934 19 ... Registrar

NOV 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1933, to Nov 7, 1934.

I last saw h alive un Nov 7, 1934. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Ch. of Nephritis	1930
Ch. Myocarditis	1930
Old Age	

Other contributory causes of importance:

Acute Cardiac Dilatation	1934

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) S. H. Dreibus, M. D.

(Address) 501 Sheridan Ave

Cor.—12-1-35—A Co.—200 Bks.

06369

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06369

CERTIFICATE OF DEATH.

186-001

REGISTERED NO._____

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Seibert P. Klein

(a) RESIDENCE NO. Wolfe & Gough St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna Klein

6 DATE OF BIRTH (month, day, and year) Unknown 1871

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
About	63			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Germany

PARENTS

10 NAME OF FATHER UnKnown

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Unknown

14 Informant Mrs. Anna Klein

(Address) German Aged Home

15 Filed _____ 19____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 7 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Fractured Skull Accidental fall

(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (Secondary) Alcoholism

(duration) ....yrs. ....mos. ....ds.

(Signed) P. H. Neumann M. D. (Coroner)

11/8, 1934 (Address) 1305 N. Patterson Park Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

Date of Burial Nov. 9 1934

20 UNDERTAKER E. F. Hook

ADDRESS 1003 West Baltimore

M. D. B. 1268-9

F 96370 HEALTH DEPARTMENT—CITY OF BALTIMORE F 96370

29 96370

CERTIFICATE OF DEATH X 46

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. mos 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME B Frank Harmon

(a) Residence: No. 154 E. Main St., Ward. Clarksburg W. Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Homozelle

6. DATE OF BIRTH (month, day, year) 5-25-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME H Y Harmon

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Clarksburg W. Va. Date Nov. 11. 1934

19. UNDERTAKER John C. Whitehill Sons

(Address) 1900 Eutaw Place

NOV 10 1934

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 . 1934 to NOV - 9 . 1934

I last saw him alive on NOV 9 . 1934 Death is said to have occurred on the date stated above, at 320 m.

The principal cause of death and related causes of importance were as follows:

Ca. of head of pancreas — Date of onset July 1933

& sentre jaundice

Other contributory causes of importance:

Name of operation Laparotomy and Chole cyst gastrostomy Date of

What test confirmed diagnosis? Question Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ✓ . 19 ...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Chas F Brugger M. D.

(Address) 1520 Eutaw Place

M. D. B 1268-9

F 06371 HEALTH DEPARTMENT—CITY OF BALTIMORE 06371

CERTIFICATE OF DEATH

X 210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., Ward)

Length of residence in city or town where death occurred yrs. mos. 1/2 hr. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wesley Moyd

(a) Residence: No. Rayner Alts., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie V. Moyd

6. DATE OF BIRTH (month, day, year) Aug 24, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer C & O

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Georgetown Co S.C.

FATHER

13. NAME Jacob Moyd

14. BIRTHPLACE (city or town) (State or country) Georgetown Co S.C.

MOTHER

15. MAIDEN NAME Emeline S. Fryer

16. BIRTHPLACE (city or town) (State or country) Marion Co S.C.

17. INFORMANT Lillie V Moyd

(Address) 211 Rayner Alts, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 10/30/34

19. UNDERTAKER Thomas J. Gallagher

(Address) Linthicum Heights, Md.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ungiven, 19 , to , 19

I last saw him alive on ungiven, 19 . Death is said to have occurred on the date stated above, at 10:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 10/27/1934

Where did injury occur? Hammonds Ferry Rd at Patapsco (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident A.A.Co.

Manner of injury Struck by auto while walking along road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph F Kenny M. D. Coroner

(Address) 2700 E Madison St

M. D. B 1268-9

F 06372

F 06372 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob Adler or Aldine

(a) Residence: No. 1424 Silver Court St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME Charles Aldine

14. BIRTHPLACE (city or town) (State or country) ????

15. MAIDEN NAME Annie ????

16. BIRTHPLACE (city or town) (State or country) ???

17. INFORMANT Laura V. Adler
(Address) 1424 Silver Ct

18. BURIAL, CREMATION, OR REMOVAL
Place asbery Cemetery Date 10 1934

19. UNDERTAKER Milton Davis
(Address) 414 N Caroline St

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ... to ..... , 19 ...

I last saw h... alive on ..... , 19 ... Death is said to have occurred on the date stated above, at P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage-Apoplexy	
Other contributory causes of importance: Arteriosclerosis- Obesity	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. S. McCarrison, M. D.

(Address) 708 E North Ave

M. D. B. 1 F 06373

F 06373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 W. Lombard St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. — mos. — ds. How long in U. S. If of foreign birth? 45 yrs. — mos. — ds.

2. FULL NAME Klemecas Aleknavicus

(a) Residence: No. 641 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced ~~Husband~~ of (or) WIFE of Katarin Aleknavavicus

6. DATE OF BIRTH (month, day, year) No. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Katarin Aleknavicus,
(Address) 641 W. Lombard Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov. 10, 1934

19. UNDERTAKER John Grebliauckas, J. G.
(Address) 423 S. Paca Street,

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1934, to Nov. 7 1934

I last saw him alive on Nov. 4 1934. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	Un-known
Other contributory causes of importance: Pulmonary Oedema	11-4-34

Name of operation — Date of —

What test confirmed diagnosis? Physical signs of death Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Dr. I. B. Bronushas M. D.

(Address) 3037 O'Donnell St.

M. D. B. 12 F 06374 F 06374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 713 N. Howard St. 11-06 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen V. Russell

(a) Residence: No. 713 N. Howard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Emanuel C. Russell

6. DATE OF BIRTH (month, day, year) Nov 18th 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
89	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Salt

10. Date deceased last worked at this occupation (month and year): 1904

11. Total time (years) spent in this occupation: 35 yrs

12. BIRTHPLACE (city or town) (State or country): Dawsville Va

FATHER

13. NAME Thomas Edwards

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT Joan R. Bowen

(Address) 713 N. Howard St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 10th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1934 to Nov. 7th 1934

I last saw h~~e~~r alive on Nov. 4th 1934 Death is said to have occurred on the date stated above, at 7th P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	11-4-34
Other contributory causes of importance:	
Fracture upper third right Femur.	11-1-34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 11-1- 1934

Where did injury occur? At Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 713 N. Howard St.

Nature of injury Fall while Walking

Nature of injury Fracture Femur.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George W. Cross M. D.

(Address) 28 W 25th St.

M. D. P. 1208-9

F 06375

06375 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sophia Voith

(a) Residence: No. 2810 Coed Spring Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) dec 18 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year) Sept 1933

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo Voth

14. BIRTHPLACE (city or town) (State or country) Bavaria

MOTHER

15. MAIDEN NAME Sophia Metz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sister

(Address) Same Address

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov 10, 1934

19. UNDERTAKER Vernon Lemmon

(Address) 764 Park Heights Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934, to Nov 7, 1934

I last saw her alive on Nov 7, 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma	ten years

Other contributory causes of importance:

Myocardial degeneration	Unknown
Hypostatic Pneumonia	Nov 6, 34
Edema Mediastinum	Terminal

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

M. D. B. 1268-2

E 06376

HEALTH DEPARTMENT—CITY OF BALTIMORE

06376

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 N. Broadway St., 8-01 Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mina Speer

(a) Residence: No. 1700 N. Broadway St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 15, 1851.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	11	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ferdinand Speer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Fink

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Speer
(Address) 1700 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 10, 19 34

19. UNDERTAKER Henry F. Kuhla
(Address) 4101 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to Nov 8, 1934

I last saw her alive on Nov 7, 1934. Death is said to have occurred on the date stated above, at 7.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) [illegible] M. D.

(Address) 1519 St. Paul St

M. D. B. 1268-0

F 06377

06377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 25-01 St., Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Schmal

(a) Residence: No. 1518 Pardsley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? 67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Fritz Schmal
14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Anna ?
16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 11/10/ 1934

19. UNDERTAKER John F Cowan & Son
(Address) 1901 Gallows St.

20. FILED 9 1934 [illegible] Registrar. OCT 8

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1934 to Nov 7, 1934
I last saw h[illegible] alive on Nov 7, 1934 Death is said to have occurred on the date stated above, at 9 00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, ?	3 wks
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phazell, M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

F 06378

06378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 376 S Conwall St., 26-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margarete Jungblut

(a) Residence: No. 376 S Conwall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Jungblut

6. DATE OF BIRTH (month, day, year) Sept 17-1869

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	65	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Sinn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora Ensor

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs C Jungblut

(Address) 376 S Conwall St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 9, 1934

19. UNDERTAKER John Allnut

(Address) 610 Orleans

20. FILED 1934 Huntington Williams M.D. Registrar

RP 15

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 9th, 1934 to Nov. 6, 1934

I last saw her alive on Nov. 6, 1934 Death is said to have occurred on the date stated above, at 12 38 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Intestines	Unknown Probably 1 year ago

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 6/4/34

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry B Athey, M. D.

(Address) 2504 St. Paul St.

M. D. P. 1268-9

E 06379

06379 HEALTH DEPARTMENT—CITY OF BALTIMORE

V131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 905 Cathedral St. St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS P. TOBIN.

(a) Residence: No. 905 Cathedral St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza A. Tobin

6. DATE OF BIRTH (month, day, year) June 29th. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	10 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Confectioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 919

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT T. P. Tobin
(Address) 905 Cathedral St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery. Date Nov. 12th. 34

19. UNDERTAKER Chas. P. Gaughan
(Address) 118 N. Eutaw St.

20. FILED [illegible] 19[illegible] Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9th. 34

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Nov 8 1934.

I last saw him alive on Nov 8 1934. Death is said to have occurred on the date stated above, at 6 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	9/1/34
Influenza	9/1/34

Other contributory causes of importance:

Chr Myocarditis	1931
Chr Gastritis	1931

Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas F Chandler M. D.

(Address) 3013 St Paul St

M. D. B. 1268-9

Mitchell

F 06380

F 06380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 W. Lexington St., 18-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Mitchell.

(a) Residence: No. 111 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-2-34

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
		2	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant. d.o.b

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Wormley.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Joseph Mitchell
(Address) 111 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 9, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 Schroeder St.

20. FILED Nov 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8. 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/6. 1934 to 11/8. 1934

I last saw him alive on 11/8. 1934 Death is said to have occurred on the date stated above, at 8:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Colic.	12 hrs

Other contributory causes of importance:

None.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. T. Guyton M. D.

(Address) 22 W. Arlington Ave

M. D. B. [illegible]

F 06381

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06381

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1732 McCulloh St., Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Effie Williams

(a) Residence: No. 1732 McCulloh St., 14-21 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1884

7. AGE: Years 50; Months –; Days –; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Family

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (city or town) (State or country): Darien Ga.

FATHER

13. NAME: Buy Holmes

14. BIRTHPLACE (city or town) (State or country): Ga.

MOTHER

15. MAIDEN NAME: Lucy Stuart

16. BIRTHPLACE (city or town) (State or country): Ga.

17. INFORMANT (Address): Nellie Williams 1732 McCulloch St

18. BURIAL, CREMATION, OR REMOVAL: Interment Ga. Nov 10, 1934

19. UNDERTAKER (Address): Bernard Hensley 818 Druid Hill Ave.

20a. FILED Nov 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/5, 1934 to 11/6, 1934

I last saw h[illegible] alive on 11/6, 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day
Other contributory causes of importance:	about
Int. Ac. Pericarditis	2 mos
Tons. Nephritis.	

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D [illegible] M. D.

(Address) 519 N. Carrollton Ave

M. D. R 1268-9

F 06382

06382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE MD. St., 6-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Valentine

(a) Residence: No. St. Joseph's Hosp - St., 40 Ward. Maternity

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-5-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Joseph Valentine

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Modesta Maria Jablonsky

16. BIRTHPLACE (city or town) (State or country) St Mary's Penna.

17. INFORMANT mother

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date Nov 9 1934

19. UNDERTAKER Frank V. Dilgitone

(Address) 2515 E. Baltimore

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-5-34 19 to 11-8-34 19

I last saw her alive on 11-8-34 19 Death is said to have occurred on the date stated above, at 9:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (7½ months pregnancy)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J M Mageller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE MD

M. D. B. 1268-9

06383 F 06383

06383 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7-01 Ward) Registered No. 107-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Johnson

(a) Residence: No. 1701 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 17, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) .....

FATHER

13. NAME Peace W. Johnson

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Annie E. Wright

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ..... Date Nov 7 ..... 19 34

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1934, to 10-20, 1934

I last saw him alive on 10/20 1934 Death is said to have occurred on the date stated above, at 2:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10/18/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John M. Spence, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

06384 25945 HEALTH DEPARTMENT—CITY OF BALTIMORE 06384

CERTIFICATE OF DEATH

X 139-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Irene Jones

(a) Residence: No. 572 - 2nd Ave St., Ward. Daytona Beach Fla
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of 4/24/12

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Adolphus Jones

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Lizzie Norris

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Florida

Place Daytona Beach Fla Date Nov 9 1934

19. UNDERTAKER Walter B. Sprague

(Address) 134 Williams St

20. FILED NOV 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1934 to Nov 7 1934

I last saw her alive on Nov 7 1934 Death is said to have occurred on the date stated above, at 5.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fecal fistula (post-operative)	March 28
Bronchopneumonia	11-2-34
Pelvic abscess	9-1-34
Inanition	9-1-34

Other contributory causes of importance:

Name of operation Closure fecal fistula Date of 10-2-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred W. Geib M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

F 06385

F 06385 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., ... Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances Jane Mason

(a) Residence: No. 827 Bevan St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac Brown

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Maria Connor

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Date 11/15/34

19. UNDERTAKER Walter B. Briggs (Address) 130 W. Hamburg St

20. FILED NOV 16 1934 ... Registrar, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934 to Nov 8, 1934

I last saw her alive on Nov 8, 1934 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, arteriosclerotic	?
Bronchitis	?
Hypertension	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P. Thayer M. D.

(Address) Balt City Hosp

M. D. D. 1268-9

06386 F 06386

06386 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Dillon St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry W. Lewis

(a) Residence: No. 3008 Dillon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma E Lewis

6. DATE OF BIRTH (month, day, year) April 9 67

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saw Mill Ost

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry A. Lewis

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Kate Biscoe

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Alma E Lewis

(Address) 2540 S Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Conn Date Nov 12 1934

19. UNDERTAKER Geo M. Frank & Son

(Address) 841 S Broadway

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from October 13 1934 to November 2nd 1934

I last saw him alive on November 2 1934 Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Myocarditis	

Other contributory causes of importance:

Uremia	

Name of operation None. Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Rhamstine M. D.

(Address) 1919 E. North Ave.

M. D. B. 1368-0

✓ F 06387

24/159

HEALTH DEPARTMENT—CITY OF BALTIMORE

06387

CERTIFICATE OF DEATH

X 106-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wallace Pennell

(a) Residence: No. Vindex Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 29, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Charles Pennell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Arlene Reiffer

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Vindex Md. Date March 1934

19. UNDERTAKER Otho A. Shaffer
(Address) Bluemont Va

20. FILED Nov 9 1934 Transferred from Virginia Registrar. # 307

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1934 to Nov. 8, 1934

I last saw h[illegible] alive on Nov. 8 1934 Death is said to have occurred on the date stated above, at 11:40 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset 1929

Bronchiectasis
Pulmonary Lobectomy of lower left lob 11-8-34
Pt. died on operating table of shock.

Other contributory causes of importance:

Name of operation Pul. Lobectomy Date of 11-8-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Carroll C. Stanley M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

06388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 1934 002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 E. 20th St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa J. Welch

(a) Residence: No. 200 E. 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. ~~Married~~, widowed, ~~or divorced~~
~~HUSBAND of~~ (or) WIFE of William J. Welch

6. DATE OF BIRTH (month, day, year) June 29th 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Jacob Edelstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George E. Welch
(Address) 200 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov 10th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/23, 1934 to 11/8, 1934

I last saw h alive on 11/6, 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Senility	—
(Coma) (Nephritis)	—
Other contributory causes of importance:	
Intra Capsular fracture right Hip	10/23/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 10/23, 1934
Where did injury occur? Home, Baltimore (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In Home
Manner of injury Twisted leg while walking
Nature of injury Intra cap fracture R hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Wess M. D.
(Address) 1216 N Calvert St

M. D. B 1268-9

F 06389

06389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital St., 10-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine L Sanders

(a) Residence: No. 1029 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 26/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 68

10. Date deceased last worked at this occupation (month and year) 20 yrs ago

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) Rumittsburg, Md.
(State or country)

FATHER

13. NAME Jacob Sanders

14. BIRTHPLACE (city or town) Pa
(State or country)

MOTHER

15. MAIDEN NAME Lucinda McElief

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Pauline Marie Neppelrode
(Address) 1029 Somerset St

18. BURIAL, CREMATION, OR REMOVAL
Place Maelond Date Nov 10 1934

19. UNDERTAKER Thos J Kenny & Son
(Address) 2218 Greenmount Ave

20. Filed ..... 19..... Registrar.

10934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.40 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	

Other contributory causes of importance:

Fracture left humerus	Oct 30/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Oct 30/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell in home

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jos H Kuhn M. D.
Coroner

(Address) 508 E. Monument

M. D. P. 1268-9

F 06390

HEALTH DEPARTMENT—CITY OF BALTIMORE

06390

CERTIFICATE OF DEATH

X 49

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 33rd + Calvert Sts St. 12-01 Ward)

Length of residence in city or town where death occurred .... yrs. 2 mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mrs Julia Edmond Luckett

(a) Residence: No. Aberdeen, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
F	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dinwiddie Luckett

6. DATE OF BIRTH (month, day, year) Nov 11, 1871

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
62	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Horace Edmond

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Sarah Woodbridge

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Hospital record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rockville Md Date Nov 10 1934

19. UNDERTAKER Kennedy Funeral Home
(Address) Rockville Md

20. FILED Nov 10 1934 [illegible] Registrar.

11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934 to Nov 9th 1934

I last saw h[illegible] alive on Nov 9th 1934. Death is said to have occurred on the date stated above, at 7:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary, Right	10 months ?
generalized Carcinomatosis	

Other contributory causes of importance: —

(previous Admission) Supra-vaginal hysterectomy + salpingo-oophorectomy bilateral

Name of operation ..... Date of 9/13/33

What test confirmed diagnosis? Microscopic Section Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A J Alexander M. D.

(Address) Union Memorial Hospital

M. D. F 1268-9

F 06391

06391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-01 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tank Cox

(a) Residence: No. 802 N. Mount st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida Cox

6. DATE OF BIRTH (month, day, year) June 16, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Shade Cox

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Carrie Cox

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address) 711 Lanvale 11/15/34

18. BURIAL, CREMATION, OR REMOVAL
Place Ellicott C. Date 11/16/34

19. UNDERTAKER Daniel Cassard & Co.
(Address) 1814 Pennsylvania ave

Filed Nov. 16 1934, 19 ..... Registrar. A. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 14, 1934 to November 6, 1934

I last saw him alive on November 6, 1934 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Myer M. Jacobson M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-J

F 06392

HEALTH DEPARTMENT—CITY OF BALTIMORE

06392

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Dead on arrival at St. Joseph's Hosp 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma L. Fischer

(a) Residence: No. 2224 McElderry St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Paul L. Fischer

6. DATE OF BIRTH (month, day, year) Dec 14 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John L. Weitzel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Gross

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Paul L. Fischer

(Address) 2224 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 11/10/34 19

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Eastern Ave

20. FILED 10 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19. I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Other contributory causes of importance:	
Nephritis	???

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Hoen M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

F 06393

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06393

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertrude Boykin

(a) Residence: No. 1426 Montpelier St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 22 1932

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas. H. Boykin

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary L

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas H. Boykin
(Address) 1426 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/10/34 19

19. UNDERTAKER Philip Herwig Sons
(Address) 2016 Eutaw St.

20. FILED 11-13-34 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from November 8. 1934 to November 9. 1934

I last saw her alive on November 9. 1934 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coryza and Pharyngitis	2 weeks
2. Bronchial pneumonia	

Other contributory causes of importance:

1. Congenital malformations (mental and physical)

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm Wenzelbe M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. 1268-9

F 06394

06394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 5 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Di Pasquale

(a) Residence: No. 245 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) March 15-1890

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
44 ?	8 ?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Fortunato ?

14. BIRTHPLACE (city or town) (State or country) Italy ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? ?

17. INFORMANT Friends (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 11-12 1934

19. UNDERTAKER Chas B. Kuchyauckas (Address) 637 S Paca St

10934 ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7. 1934

22. I HEREBY CERTIFY, That I attended deceased from October 28. 1934 to Nov 7. 1934

I last saw him alive on Nov 7. 1934 Death is said to have occurred on the date stated above, at 4:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, R	11 days
Bronchopneumonia	years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) L. Prazich M. D.

(Address) Balt City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06395

CERTIFICATE OF DEATH

131 Registered No. 06395

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 Jefferson St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Josephine A. Tasker

(a) Residence: No. 1922 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Tasker

6. DATE OF BIRTH (month, day, year) Sept. 18th 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawrence Co. Ohio

FATHER

13. NAME Worsh Turvey

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Alice R. Dust

(Address) 1922 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cemetery Date Nov. 12, 34

19. UNDERTAKER Frederick Sisson Son

(Address) 1401 Edmondson Ave

Registrar

NOV 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1932 to Nov 4, 1934

I last saw her alive on Nov 1, 1934 Death is said to have occurred on the date stated above, at 5a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Urea Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. V. Mace M. D.

(Address) Stevenson Md

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06396

06396 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

164-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3617 Marmon St., (Ward) 238-01

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eva Gertrude Richardson

(a) Residence: No. 3617 Marmon St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or race: White
5. Single, Married, Widowed or Divorced (write the word): Divorced
6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Jas M. Richardson
6. DATE OF BIRTH (month, day, year): Feb 8-1880
7. AGE: Years 44 | Months 8 | Days 30 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Belfast Ireland

FATHER
13. NAME: Patrick Jagues
14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Howard Benson 3617 Marmon Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 11/10/34. 19

19. UNDERTAKER (Address): Mrs. Walter F. Dail 2503 Edmondson Ave

20. FILED 11/10/1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....
I last saw h... alive on ... Nov 7 ... 34 ... Death is said to have occurred on the date stated above, ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma	
Illuminating Gas	

Other contributory causes of importance:

Name of operation: ... Date of: ...
What test confirmed diagnosis: ... Were an autopsy: No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Nov 7 19 34
Where did injury occur? 3617 Marmon Ave (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. B. Leith Coroner M. D.
(Address) 600 Penn

AACo. 5-31 250B

F 06397

06397 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

78

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence Nuttall

(a) Residence: No. 2472 Frederick Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Schissler Nuttall

6. DATE OF BIRTH (month, day, year) June 23-1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43	4	16	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Alexander Nuttall

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Carrie Evans

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Roland C. Nuttall

(Address) 3323 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 11/10/34 19

19. UNDERTAKER Mr. Wilmot Inc

(Address) 2503 Edmondson Ave

10/1934 Interment Witness

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934 to Nov. 8, 1934

I last saw him alive on Nov 8 1934 death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	
probably Suffocation	Oct 28-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John F. VanMetre M. D.

(Address) Franklin Square Hospital

OCCUPATION, IS VERY Important. See instructions on back of certificate.

M. D. B 1268-9

F 06398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06398

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Keenan

(a) Residence: No. 22 E. Centre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 28/1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 033

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Vermont
(State or country)

FATHER

13. NAME John C. Keenan

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Nancy Dowling

16. BIRTHPLACE (city or town) Vermont
(State or country)

17. INFORMANT M. Anselm Keenan
(Address) Md Ave & 23rd St-Balto, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Vermont Date 11/12/34 19

19. UNDERTAKER Tony H. Wirth
(Address) 701 Fremont Ave

Filed for Mfg. Nov. 12 1934
Registrar.

101934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cardio-renal Disease	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Wallis M. D.
Coroner

(Address) 508 E Fayette

M. D. B. 1268-9

F 06399

F 06399 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

76

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Burgundy St. 21-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clarence J. Wedel

(a) Residence: No. 1105 Starett St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 28. 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John F. Wedel

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Grace Sheldon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT John F. Wedel
(Address) 1105 Starett St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 12 1934

19. UNDERTAKER Harry A Wilke
(Address) 2101 Edmondson Ave

Huntington Williams

20. FILED NOV 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Nov 9- 1934

I last saw h[illegible] alive on Nov 9. 1934 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Tuberculosis of spine	9/1/34

Other contributory causes of importance: Meningeal Infection

Name of operation ..... Date of
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

F 06400

06400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

51

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE, (No.) 1015 E. 39th ST. 13-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lee Henry Danneker

(a) RESIDENCE NO. 3690 Ash ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of or WIFE of: Mildred L. Danneker

6 DATE OF BIRTH (month, day, and year): Aug. 18 1907.

7 AGE: Years 27. Months 2. Days 21. If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Henry M. Danneker

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Gertrude Sampson

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

14 Informant: Mildred L. Danneker (Address) 3690 Ash St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 9th 34

17 I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1934 to Nov. 9 1934, that I last saw him alive on Nov. 8, 1934, and that death occurred, on the date stated above, at 12 50 P. m.

The CAUSE OF DEATH* was as follows:

Metastatic Carcinomatosis

(duration) yrs. mos. 5 weeks ds.

CONTRIBUTORY (Secondary) Carcinoma of Testicle (duration) Unknown ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical sign X ray

(Signed) J. Hurdle M. D.

, 19 (Address) 4037 Falls Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cem.

DATE OF BURIAL: Nov. 12 1934

20 UNDERTAKER: Walter Davis

ADDRESS: 348 E. Eastland Ave

10 1934

Huntington Williams

Spec.—1-12-23—3121—500 Blks.

F 06401 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06401

CERTIFICATE OF DEATH.

118

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No.) 1706 Llewellyn ST., 8-01 WARD)

2-FULL NAME Lester R. Claiborne

(a) RESIDENCE NO. 1706 Llewellyn Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 6 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: N.

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah Claiborne

6 DATE OF BIRTH (month, day, and year): Dec 1-1901

7 AGE: Years 32 Months 7 Days 8 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): Labor Common

(c) Name of employer: P. Prince George

9 BIRTHPLACE (city or town) (State or country): B. Va

PARENTS

10 NAME OF FATHER: Richard Claiborne

11 BIRTHPLACE OF FATHER (city or town) (State or country): Prince Geo. Co. Va

12 MAIDEN NAME OF MOTHER: Charity ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Prince Geo. Co. Va.

14 Informant: Sarah Claiborne
(Address): 1706 Llewellyn Ave

15 Filed NOV 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11/9/ 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov. 7th, 1934 to Nov. 1934
that I last saw him alive on Nov 9 1934
and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Acute Indigestion

(duration) yrs. 1 mos 3 ds.

CONTRIBUTORY (Secondary) Indigestion & Undigest Food. (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) H. A. Walters M. D.

19 (Address) 1606 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary Cemetery

DATE OF BURIAL: Nov 12 1934

20 UNDERTAKER: Fitzgerald Bros

ADDRESS: 1400 Arlington

TION is very important. See instructions on back of certificates.

M. D. B. 1208-9

F 06402

F 06402 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 401 (St.) Waterview Ave (Ward) 5-81

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Werner

(a) Residence: No. 401 Waterview St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles H. Werner

6. DATE OF BIRTH (month, day, year): May 20 1883

7. AGE: Years 54 | Months 5 | Days 19 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 12- 1934

11. Total time (years) spent in this occupation: 39

12. BIRTHPLACE (city or town) (State or country): Baltimore City

FATHER

13. NAME: John J Dolan

14. BIRTHPLACE (city or town) (State or country): Ellicott City Md

MOTHER

15. MAIDEN NAME: Mary V. Maloney

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mary V Dolan
(Address) 2808 Rogers Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: London Cork Date: 11/12 1934

19. UNDERTAKER: William Cook
(Address) 1217 St Paul Street

NOV 10 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 9- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1933 to Nov. 9 1934

I last saw HER alive on Nov. 9 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Regurgitation — Indefinite

Other contributory causes of importance:

Acute Dilatation of Heart — 11/7/34

Name of operation: none Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Campbell M. D.

11/10/34 (Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06403

F 06403 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1332 Mosher St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Woodland

(a) Residence: No. 1332 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Woodland

6. DATE OF BIRTH (month, day, year) 3-4-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER FATHER

13. NAME Solomon Bolden

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Priscilla Boston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Frederick Woodland
(Address) 1332 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 11-10-1934

19. UNDERTAKER Byson & Dennis Jr. Wright
(Address) 1218 N. Caroline St

19934 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 30 . 1934 to Nov 7 . 1934

I last saw her alive on October 28 . 1934 Death is said to have occurred on the date stated above, at 2:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast	9/1/32

Other contributory causes of importance:

Name of operation Radical mastectomy Date of 9/32

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Howard Hicks Cadbury . M. D.

(Address) Medical Arts Bldg.

INFORMATION IS very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06404

06404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1326 James St. 21-01 Ward)

Length of residence in city or town where death occurred, 67 yrs. 4 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Quinn

(a) Residence: No. 1326 James St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced HUSBAND of (or) ~~WIFE~~ of the late Annie Quinn

6. DATE OF BIRTH (month, day, year) June 30th 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Const

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Patrick Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Susie Scanlon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary Quinn
(Address) 1326 James St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 11/13 . 1934

19. UNDERTAKER John F Coyne & Son
(Address) 1201 Hollins St.

101934 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 . 1934 to ..... . 19....

I last saw him alive on Nov 2 1934. Death is said to have occurred on the date stated above, at 8.18 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Last Year
Hypertension	Last Year
Cerebral Hemorrhage	Last Week

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Frank DiVirgilio . M. D.

(Address) 1112 ST Paul ST

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06405

06405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 S. Loppleton St., 18-01 Ward)

Length of residence in city or town where death occurred 62 yrs. 9 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Malachi F. Coolahan

(a) Residence: No. 406 S. Loppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Coolahan

6. DATE OF BIRTH (month, day, year) Feby 3rd 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62.	9	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME John F. Coolahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Egan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Catherine Coolahan

(Address) 406 So Loppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/12/ 1934

19. UNDERTAKER John J. Cowan & Son

(Address) 421 Hollins St

20. FILED 11/9 1934 Registrar

101934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/8/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17th 1934 to November 8th 19..

I last saw him alive on Nov. 8th 19.. Death is said to have occurred on the date stated above, at 8.10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia 2 days.	2d
	(City)
Other contributory causes of importance:	
Myocarditis	2 years
Cardio-Vascular-Renal Disease	

Name of operation Date of

What tubes or drains were used? Was there an autopsy?

Clinical Findings

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Louis J. Gloss M. D.

(Address) 1112 Wilkens Ave

Bird

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06406 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06406

CERTIFICATE OF DEATH

X 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hudson

(a) Residence: No. 3604 9th St - Brooklyn Ward. Detroit Mich.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J Hudson

6. DATE OF BIRTH (month, day, year) March 20 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	1	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cape Cod (State or country) Mass.

FATHER

13. NAME Donald Stewart

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT William J Hudson

(Address) 3604 9th St Brooklyn md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 10, 1934

19. UNDERTAKER John F Denny

(Address) 715 Lyon St

20. FILED Huntington & Williams, Inc. Registrar.

NOV 10 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 — 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11 — 6, 1934 to 11 — 8, 1934

I last saw h... alive on 11 — 8, 1934 Death is said to have occurred on the date stated above, at 8.45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	4 hrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. J. Coman M. D.

(Address) Vol. Hospital

M. H. B. 1968-0

96407 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 96407

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hospital — Registered No.

CITY OF BALTIMORE: (No. 24-81 Sta. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. 7 mos. 12 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Alice Marie Reed

(a) Residence: No. 1127 William St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Charles H. Reed Jr

6. DATE OF BIRTH (month, day, year) March 28th 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Butler

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Marie Saulmyer

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Chas. H. Reed Jr.
(Address) 1127 William St

18. BURIAL, CREMATION, OR REMOVAL Cathedral Date 11/13-1934

19. UNDERTAKER E. & E. Hartz
(Address) 115 E. West St.

20. FILED 19 — Registrar

NOV 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 24 1934 to Nov 9 1934

I last saw her alive on Nov 9 1934 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic aortic & mitral stenosis & insufficiency - Myocardial failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Weed M. D.

(Address) 1213 Light St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

F 06408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06408

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Forest Park Ave. 15-81 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? 45 yrs mos. ds.

2. FULL NAME Joseph Seidenman

(a) Residence: No. 3406 Forest Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Seidenman

6. DATE OF BIRTH (month, day, year) Sept. 16, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman:- 06

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Louis Seidenman

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. J. Seidenman
(Address) 3406 Forest Park Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Heb. Friendship Date Nov. 11 1934

19. UNDERTAKER Baird Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED NOV 16 1934 Registrar. By M.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 7, 1934 to Nov. 9, 1934

I last saw him alive on Nov. 6, 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	5 mo
Myocarditis	years
Pulmonary Edema	1 hr.
× Myocardial failure	
Other contributory causes of importance:	
Cervical Arthritis	6 mo.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Theodore R. Morrison M. D.
(Address) 1013 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-0

E 06409

06409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 45

1. PLACE OF DEATH aged Men & Women Home 16-01

CITY OF BALTIMORE: (No. 822 N. Carroll St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah E. Thompson

(a) Residence: No. aged men & women's Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible] 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. aged Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Rosa Thomas

(Address) 822 N. Carroll Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Alexandria Date Nov 12 1934

19. UNDERTAKER Clarence E. Wright

(Address) 900 N. Carroll Ave

Huntington-Williams, N.Y.

20. FILED 11-9-1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10 1934 to Nov. 10 1934

I last saw h[illegible] alive on Nov. 10 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the alveolar border of right jaw	?
Other contributory causes of importance: ?	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edw. Jos. Kelly M. D.

(Address) 1225 S. Hill St

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B. 1268-9

F 06410

F 06410 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann Louise Stuffans

(a) Residence: No. Byantown Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/31/25

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Stuffans

14. BIRTHPLACE (city or town) (State or country) Minn.

MOTHER

15. MAIDEN NAME Marie Mueller

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls Cem. Date 11/12 1934
Charlottesville Md.

19. UNDERTAKER Mrs Chas A G Ruhdr
(Address) 2327 Edmondson Ave

20. FILED 10 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1937 to Nov 9, 1934

I last saw her alive on Nov 9, 1934 Death is said to have occurred on the date stated above, at 3 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis.	Oct 6

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1458-9

F 06411

F 06411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

67

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3903 N. Rogers Ave (Ward) 27-41

Length of residence in city or town where death occurred ... yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Fred Butterfield Jr

(a) Residence: No. 3903 N. Rogers Ave. St. ... Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Sept. 26 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

13. NAME Benj. Fred Butterfield Jr

FATHER

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel Bishop

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Benj. Fred Butterfield

(Address) 3903 N. Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Jacksonville Md. Date Nov. 10 1934

19. UNDERTAKER Wm. Richard Sons

(Address) 1911 Eutaw Place.

Filed NOV 11 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26 1934 to Nov. 9 1934

I last saw him alive on Nov 9 1934. Death is said to have occurred on the date stated above, at 10.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status Thymo Lymphaticus	Nov. 9-34

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

(Signed) Fred B Smith M. D.

(Address) 11 E. Lanvale St.

THE INFORMATION IS VERY important. See instructions on back of certificate.

M. D. H. 126

F 06412

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06412

CERTIFICATE OF DEATH

19885 X 112

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Berman

(a) Residence: No. 134 S Durlin St. St., Ward. Akron Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Ben Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fanny Fane

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Akron Ohio Date 11/11/34

19. UNDERTAKER Lutz Funeral Home

(Address) 1439 E Baltimore St

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1934 to Nov. 10, 1934

I last saw him alive on Nov. 11, 1934. Death is said to have occurred on the date stated above, at 3 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis	several years ago
Myocardial failure	4 weeks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sydie B Edwards M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 26810 F 06413

F 06413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

182-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-01 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John R. Weixler

(a) Residence: No. 1805 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christina Weixler

6. DATE OF BIRTH (month, day, year) Jan 25, 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fish 603

10. Date deceased last worked at this occupation (month and year) July 1926

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Westens Date 11/13/1934

19. UNDERTAKER W. M. Cook (Address) 1242 E Baltimore St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934 to Nov 10, 1934

I last saw him alive on Nov 10, 1934. Death is said to have occurred on the date stated above, at 7:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Multiple Cerebral Hemorrhages	?
(Last Hemorrhage 3 months)	
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Phazier M. D.

(Address) Balt. City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. Form 8-0 F 06414

F 06414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 East 20th St., 9-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Ann Angel

(a) Residence: No. 518 East 20th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan. 8-1861

7. AGE: 73 Years | 10 Months | 2 Days | If LESS than 1 day: hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John J. Angel

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Mary J. Holbrook

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs. Amanda E. Angel
(Address) 518 East 20th Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cem. Date: 11/12 1934

19. UNDERTAKER: William Cook
(Address) 1217 St. Paul Street

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-22d 1934 to Nov-10th 1934

I last saw h[illegible] alive on Nov-10th 1934. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Nega, Glosso-Labio	10-22-34
Laryngeal paralysis	10-26-34
Tachycardia	10-6-34
Cardiac Asthma	10-6-34
Other contributory causes of importance: Chronic Interstitial Nephritis	Several years

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frances Ann Carpenter, M. D.

(Address) Medical Arts Building - Baltimore

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-0

F 06415

F 06415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 23-41 Ward)

Length of residence in city or town where death occurred 1st mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James T. Bailey

(a) Residence: No. 205 E. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Helen (dead)

6. DATE OF BIRTH (month, day, year) Oct 12th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. Co

10. Date deceased last worked at this occupation (month and year) 1894

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Friends
(Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Melville Chapel & Rose Date Nov 12th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1934 to Nov 10, 1934

I last saw h[illegible] alive on Nov 10, 1934. Death is said to have occurred on the date stated above, at 8:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	?
Myocardial Insufficiency	4 days
Contributory factor	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V 8.3

F 06416

M. D. B. F 06416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Fairview Ave. St., 15 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur I. Kline

(a) Residence: No. 3410 Fairview Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Selina Kline

6. DATE OF BIRTH (month, day, year) Dec. 27, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Medical Supplies

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denver, Col.

FATHER

13. NAME David Kline

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Frances Sands

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. A. I. Kline
(Address) 3410 Fairview Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Druid Ridge Mausl Date Nov. 12 1934

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934 to Nov 10, 1934

I last saw him alive on Nov 10, 1934 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis	18 mo.
Emphysema	18 "
Cardiac Decompensation	10 days
Other contributory causes of importance: Lobar Pneumonia Right Lung	18 hrs.

Name of operation Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Levin M. D.

(Address) 211 W. Monument St.

OCCUPATION is very important. See instructions on back of certificate.

F 06417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)
CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 40 yrs. ... mos. ... ds.

2. FULL NAME Adam Urbanski

(a) Residence: No. 832 S. Bond st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER
13. NAME Joseph Urbanski
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER
15. MAIDEN NAME Augusta
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date 11/11 34

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Eight St

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 4, 34

22. I HEREBY CERTIFY, That I attended deceased from November 3, 1934, to November 4, 1934
I last saw him alive on November 4, 1934 Death is said to have occurred on the date stated above, at 11:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1933
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Meyer W Jacobsone M. D.
(Address) Baltimore City Hospitals

State number of deaths in plain figures, so that it may be properly examined. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

93 11 1934

M. D. F. 1268

F 06418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06418

CERTIFICATE OF DEATH

546

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 12281

CITY OF BALTIMORE: (No. ... St. ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth 55 yrs. mos. ds.

2. FULL NAME John J. Smith

(a) Residence: No. 519 Washington Blvd, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary Smith

6. DATE OF BIRTH (month, day, year) Jan. 6, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Annie Bulger

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Head Date 11/4 34

19. UNDERTAKER J. Fahey Dye

(Address) 1312 Eight St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1934 to Nov 6 1934

I last saw h/ alive on Nov 6 1934 Death is said to have occurred on the date stated above, at 11, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	?
Other contributory causes of importance:	
Anemia Secondary	?
Starvation	?
	?

Name of operation Gastrostomy Date of 11/3/34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel H. Grant M. D.

(Address) Balto City Hospitals Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1779 F 06419

F 06419

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. 30-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Lloyd

(a) Residence: No. 4324 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) 3/9/1872

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Md

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Balt. Co

MOTHER

15. MAIDEN NAME Emma Taylor

16. BIRTHPLACE (city or town) (State or country) Hanford Co

17. INFORMANT Records Balt City Hosp (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oakdown Cem Date 11/12/38

19. UNDERTAKER Geo. J. Roth Inc (Address) 1735 Whitelock St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1938 to Nov 9, 1938.

I last saw him alive on Nov 9, 1938. Death is said to have occurred on the date stated above, at 4:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Myocardial insufficiency	6 hrs
(b) Congestive failure	
Embolism of brachial artery	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H Phagan, M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. No. F 06420 F 06420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. 17-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Calvin Jackson

(a) Residence: No. 514 Gilford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Agnes Jackson

6. DATE OF BIRTH (month, day, year) Dec 29-1900

7. AGE Years 33 Months 10 Days 9 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Va

FATHER

13. NAME Tasker Jackson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME unknown.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Benj Jackson.

(Address) 1318 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Irington Va Date Nov. 12. 1934

19. UNDERTAKER Joseph A. Lively

(Address) 709 N. Mount Street

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1934

22. I HEREBY CERTIFY, That I attended deceased from 19..., to 19...

That I saw h... alive on ... and last saw h... alive on ... and that death occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Fractured Skull	4 days
Other contributory causes of importance: Struck with Brick	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Nov 8 1934

Where did injury occur? 1101 Block Shield Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Struck with Brick

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Schenck Coroner, M. D.

(Address) Coroner

OCCUPATION is very important. See instructions on back of certificate.

NOV 11 1934

6

M. D. B. 1938-9

F 06421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 S. Kenwood Ave 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry R. Koutz

(a) Residence: No. 531 S Kenwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine H. Koutz

6. DATE OF BIRTH (month, day, year) Mar-1-1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Potter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fleetwood Koutz

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Annie Arasen

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Katherine Koutz

(Address) 531 S. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Nov 12, 1934

19. UNDERTAKER John Allnutt

(Address) 2008 Orleans St

20. FILED NOV 11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1934, to Nov 8, 1934

I last saw him alive on Nov 8, 1934. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo and Myocarditis	

Other contributory causes of importance:

Asthma
Emphysema

Name of operation Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Thos. Mohler, M. D.

(Address) 3015 Elwood Ave

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06422

F 06422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1529 E North Ave St., 8-C Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Trauty

(a) Residence: No. 1529 E North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Trauty

6. DATE OF BIRTH (month, day, year) April 22 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Mfgr
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Andrew Trauty
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Walter C. Comley
(Address) Morgantown W. Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Nov 10 . 1934

19. UNDERTAKER John Ullrich
(Address) 1606 Orleans

20. FILED ..... 19 ..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 . 1934 to Nov 8 . 1934

I last saw h[illegible] alive on Nov 8 1934 Death is said to have occurred on the date stated above, at 11 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of Heart.	11/8/34
	1 hr ago
Other contributory causes of importance: Cardiac Dropsy. Aortic Stenosis & Sclerosis	

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) L. V. Meyer Jr. M. D.

(Address) 1500 E. 33rd

V 9 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1933-9

F 06423

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06423

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3715 Fait Ave St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Auther Neugebauer

(a) Residence: No. 3715 Fait Ave St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine Neugebauer

6. DATE OF BIRTH (month, day, year) Dec. 29. 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Point

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Herman Neugebauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bertha Lang

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine Neugebauer (Wife)

(Address) 3715 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Hearts Cemt Date Nov 12 1934

19. UNDERTAKER Lilly e Zeiler Inc

(Address) 403 So Wolfe st.

Attending for Wilkinson

20. FILED NOV 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/7/34, 19 . to 11/9/34, 19 . I last saw h alive on 11/9/34, 19 . Death is said to have occurred on the date stated above, at 6pm m.

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

Other contributory causes of importance:

Acute indigestion 11/7

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) J. H. Bonnell M. D.

(Address) 632 S. Conkling

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06424

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06424

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 4-14 ~~Ward~~ Room 4-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mr. Tomas B. Hutchinson

(a) Residence: No. Emerson Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie E. Brown

6. DATE OF BIRTH (month, day, year) July 2, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	62	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investment Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Office~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frankfort
(State or country) Kentucky

MOTHER FATHER

13. NAME Thomas J. Hutchison

14. BIRTHPLACE (city or town) -------
(State or country) Pennsylvania

15. MAIDEN NAME Catherine A. Chambers

16. BIRTHPLACE (city or town) --------
(State or country) Virginia

17. INFORMANT Mrs. Carrie E. Hutchison
(Address) 615 Gorsuch Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Saters' Cemetery Date 11/12 19 34

19. UNDERTAKER Henry Ulm Mears & Son
(Address) 802 N Calvert St.

20. FILED 11 1934 ~~Registrar, Hartford County, Md.~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1934 to Nov. 10 1934

I last saw him alive on Nov. 10, 1934 Death is said to have occurred on the date stated above, at 9:10 ~~a~~m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	
Bronchial Pneumonia	11/1/34

Other contributory causes of importance:

Name of operation ---- Date of ----

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ---- 19--

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Thomas A. Schwartz, M. D.

(Address) % Mercy Hospital

V 3-3 OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1200-9

F 06425

F 06425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1445 Homestead St., 9-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Robert Zerweck

(a) Residence: No. 1445 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Irene Zerweck

6. DATE OF BIRTH (month, day, year) Nov 26. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	70	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baggage Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Daniel Zerweck

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary Cookes.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ida V. Smith
(Address) 1445 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Nov 12. 1934

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son
(Address) 501 W. Fayette St.

20. FILED Nov 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1932 to Nov. 10 1934

I last saw him alive on Nov. 8 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	1/10/32
Pyonephrosis	6/10/34

Other contributory causes of importance:

Name of operation Cystotomy Date of 8/12/33

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) George H. Yeager M. D.

(Address) 314 Medical Arts Bldg.

V 93

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 06426

F 06426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 54

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1600 E Oliver ST., 8-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lavilla Pentz Chandler-

(a) RESIDENCE NO. 1600 E Oliver ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Pentz - 1st husband Charles L. Chandler 2nd husband

6 DATE OF BIRTH (month, day, and year) Feby 25-1850

7 AGE: Years 84 | Months 8 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired Housewife

037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Carroll Co - Md -

PARENTS

10 NAME OF FATHER Samuel Bowers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Carroll Co Md

12 MAIDEN NAME OF MOTHER Rachel Baumbaker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Carroll Co Md -

14 Informant Elizabeth Pedley

(Address) 906 N. Bentalou

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 10-1934.

17 I HEREBY CERTIFY, That I attended deceased from 8/30/ 1934, to 11/10/ 1934

that I last saw h alive on 11/10/34

and that death occurred, on the date stated above, at 10:58 a. m.

The CAUSE OF DEATH* was as follows:

Diabetes

Pancreatitis

Cholecystitis

(duration) Since yrs. 8/30/ mos. 34 ds.

CONTRIBUTORY Intestinal Hemorrhage -

(Secondary) Toxaemia - (duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic urinalysis.

(Signed) George Abner Barden, M. D.

11/10, 1934 (Address) 1517 E. Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery

DATE OF BURIAL: Nov 12 1934

20 UNDERTAKER: Henry Lutz

ADDRESS 120 N Broadway

Important. See instructions on back of certificate.

M. D. B. Form 6 F 06427

F 06427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~Bettie~~ 2727 N. Charles St. 12-01 Ward)

Registered No. 82-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie B. Mc Conkey

(a) Residence: No. 2727 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James Mc Conkey

6. DATE OF BIRTH (month, day, year): Aug 6. 1865

7. AGE: Years 69 | Months 3 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Harford Co Md

FATHER

13. NAME: James Mc Conkey

14. BIRTHPLACE (city or town) (State or country): Harford Co Md

MOTHER

15. MAIDEN NAME: Sarah E. Hanna

16. BIRTHPLACE (city or town) (State or country): Harford Co Md

17. INFORMANT: Mary V. Massey

(Address) 2727 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Date: Nov 13 1934

Laurel Hill Cem

Philadelphia Penna

19. UNDERTAKER: John C. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1934 to Nov 10 1934

I last saw her alive on Nov 10 1934 Death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Oct 31
Hemiplegia	

Other contributory causes of importance: Arterial hypertension

Name of operation: none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H Wampler Bruehl M. D.

(Address) 806 Cathedral St

OCCUPATION is very important. See instructions on back of certificate. Enter statement of fact, as nearly as may be, properly classified.

M. D. F 06428

F 06428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 North Charles St 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche A. C. Hungerford

(a) Residence: No. 809 N. Charles St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Dr. Robert A. Hungerford

6. DATE OF BIRTH (month, day, year): Oct 26. 1855

7. AGE — Years: 79 — Months: — — Days: 13 15 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Rodney Crowther

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Arthur E. Hungerford

(Address) 809 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Nov. 12. 1934

19. UNDERTAKER: Chas. O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from September . 1931. to November 9 . 1934

I last saw her alive on November 9, 1934. Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general and cerebral	2
Cerebral Thrombosis	Nov 2, 1934
Other contributory causes of importance:	
Terminal Bronchopneumonia	Nov 7, 1934

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H Norwood M. D.

(Address) Church Home & Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06429

CERTIFICATE OF DEATH

V94-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... de.

2. FULL NAME Benjamin Rosenthal

(a) Residence: No. 1903 Edmondson Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie Rosenthal

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Rosenthal

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Holy Cross Mt Carmel Date 11/19/37 19

19. UNDERTAKER Jos. Lewis Inc
(Address) 1739 E. Baltimore St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19....., Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) S. Posternak M. D.
Coroner

(Address) 1305 Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible]

F 06430

M F 06430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1-01 Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Gulefinger

(a) Residence: No. 841 S. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. College Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Max Gulefinger

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Mary —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Max Gulefinger
(Address) 841 S. Montford Ave

18. BURIAL, CREMATION, OR REMOVAL Edwd. Fairchild Date 11/11/34 19

19. UNDERTAKER [illegible]
(Address) 1432 E Baltimore St.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible] to [illegible] 19

I last saw h alive on [illegible] 19 Death is said to have occurred on the date stated above, at 12 55 A m.

The principal cause of death and related causes of importance were as follows:

Depressed Fracture of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11 11 1934

Where did injury occur? Eastern Ave nr. Luzerne Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Auto in which he was riding

Nature of Injury Collided with a pole

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Joseph Odonnell Coroner M. D.

(Address) 2000 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

H. D. B. 1368-9

F 06431

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06431

CERTIFICATE OF DEATH

X 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 6-21

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Dr. Allyn King Foster

(a) Residence: No. 147 East 50th St St., Ward. Chicago, Ill. Newport, N.Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~Mrs~~ Emily G. F. Foster ~~Mrs Emily F. Foster~~

6. DATE OF BIRTH (month, day, year) April 14, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baptist Church

10. Date deceased last worked at this occupation (month and year) October 1934

11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Foster

14. BIRTHPLACE (city or town) (State or country) Kingwood Co Virginia

MOTHER

15. MAIDEN NAME Josephine Wilkinson

16. BIRTHPLACE (city or town) (State or country) Richmond Virginia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date Nov 12th, 1934

19. UNDERTAKER Fetherston & Co

(Address) 2224 N. Charles St.

FILED Nov 12 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from October 9 1934 to Nov 10 1934

I last saw him alive on November 10 1934 Death is said to have occurred on the date stated above, at 12:50 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Cancer of Liver	Sept 1934
Cardiovascular failure	Nov 8, 1934

Name of operation Exploratory Laparotomy Date of 10-11-34

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vernon H. Norwood M. D.

(Address) Church Home & Infirmary

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible] F 06432

F 06432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jay Robert Glover

(a) Residence: No. 1902 Chelsea Road St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 29, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
X	3	0	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jay C. Glover

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Dorothy Hummel

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Jay C. Glover

(Address) 1902 Chelsea Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 12 1934

19. UNDERTAKER Jos Pasechans & Son

(Address) 247 S Bond

20. FILED [illegible] 19 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1934 to November 10, 1934

I last saw him alive on November 10, 1934 Death is said to have occurred on the date stated above, at 10.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic sore throat.	9-29-34
Broncho-Pneumonia	10-7-34
Empyema (streptococcal)	10-28-34

Other contributory causes of importance:

Name of operation Rib resection Date of 11-10-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? NO If so, specify

(Signed) Marcus S. Hecht M. D.

(Address) Union Mem. Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C 53

M. D. H. 1[illegible]-9 F. 06433 F 06433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4642 Park Heights Ave. Ward) 27-A

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? 68 yrs. mos. ds.

2. FULL NAME Margaret H. Norton

(a) Residence: No. 4642 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph A. Norton

6. DATE OF BIRTH (month, day, year) About July 11, 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 82	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Edward Horan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Luby

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. W. C. Gardner
(Address) 4642 Park Heights.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 11/12 1934

19. UNDERTAKER C. Vernon Lemmon.
(Address) 461 Park Heights.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 4 1934 to Nov. 9 1934

I last saw her alive on Nov. 9 1934. Death is said to have occurred on the date stated above, at 6 3/4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/2/34
Other contributory causes of importance:	
Myocarditis	?
Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred L. De Barbieri, M. D.

(Address) 4755 Park Heights Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] F 06434

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06434

CERTIFICATE OF DEATH

87-061

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH South Baltimore General

CITY OF BALTIMORE: (No. 1211 Light St., 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John D. Shotwell

(a) Residence: No. 441 Whetstone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Katherine Shotwell

6. DATE OF BIRTH (month, day, year) Nov. 27 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va.

FATHER

13. NAME A.D. Shotwell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Fannie ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Richmond Va. Date Nov 12, 1934

19. UNDERTAKER Wm. J. Tucker & Son
(Address) Mott & Eagle Sts.

20. FILED [illegible] Registrar.

NOV 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1934 to Nov 10, 1934

I last saw him alive on Nov. 10, 1934 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Gaskel M. D.

(Address) South Baltimore Gen.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 12[illegible]

F 06435

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06435

CERTIFICATE OF DEATH

+ 164-001

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Estelle Hopkins

(a) Residence: No. Hanover, Md. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Irving Clay Hopkins

6. DATE OF BIRTH (month, day, year) July 23 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Upper Marlboro, Md.

FATHER

13. NAME Joseph Cole

14. BIRTHPLACE (city or town) (State or country) Upper Marlboro, Md.

MOTHER

15. MAIDEN NAME Virginia Ennis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Lucy V. Biemiller

(Address) 725 Springfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Co.

Place Mt. Oak Cem. Prince Geo. Date Nov 12 1934

19. UNDERTAKER Wm J. Tuckner & Sons

(Address) North & Anna Aves

20. FILED NOV 11 1934 Registrar:

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1934

22. I BEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 7 P. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation due to illuminating gas	Nov 9 1934
Other contributory causes of importance: Suicide	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Nov 9 1934

Where did injury occur? Elkridge, Md. (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place In home gas

Manner of injury Inhalation of illuminating

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 South Broadway

M. D. B. F8-9 06436

F 06436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 45-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clifton Lucas

(a) Residence: No. 1720 Lorman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elenor

6. DATE OF BIRTH (month, day, year) May 5, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Laving Lewis

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date Nov 12, 1937

19. UNDERTAKER Samuel H. Chase Sons (Address) 634 N. Gilmor

20. FILED Nov 12 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1937 to Nov 9, 1937

I last saw h alive on Nov 9, 1937 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary (general) Tuberculosis	?
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

21. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Phagel M. D.

(Address) Balt. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 12

F 06437

F 06437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Wolfermaw

(a) Residence: No. 3118 E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 11, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Wolfermaw

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ethel Ringsdorf

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Wm Wolfermaw

(Address) 3118 E. Monument

18. BURIAL, CREMATION, OR REMOVAL Interment

Place Emmanuel Date Nov 13, 1934

19. UNDERTAKER L. Hessmans Sons

(Address) 32 S. Broadway

20. FILED Nov 13 1934

DEC 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1934 to Nov 11, 1934

I last saw her alive on ..., 19... Death is said to have occurred on the date stated above, at 12 N.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	Nov 11-1934

Other contributory causes of importance:

Difficult labor.

Name of operation Version and Breech Extraction Date of 11-11-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert J. Hemelfarb M. D.

(Address) Sinai Hospital.

Information should be carefully supplied. All blanks should be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06438

CERTIFICATE OF DEATH

36

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 21-01 Ward)

Length of residence in city or town where death occurred ..yrs. mos. 24 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Ruth H. Sponsler

(a) Residence: No. 980 N Hamburg St. Ward. ....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Robt E Sponsler

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary R. Jones.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Robt E Sponsler

(Address) 980 N Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Comm Date 11 13 1934

19. UNDERTAKER Bernard C. Harder

(Address) 1000 E Pleasant St

20. FILED Nov 13 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococci septicemia due to infected toe	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wm Irvine Keller M. D.
Coroner

(Address) 729 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 F 06439 Pletsch F 06439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1516 Sycamore St., 25-61 Ward)

Length of residence in city or town where death occurred 29 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Pletsch.

(a) Residence: No. 1516 Sycamor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena. Pletsch.

6. DATE OF BIRTH (month, day, year) April 12 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Wm. McEnally.
(Address) 1516 Sycamor St

18. BURIAL, CREMATION, OR REMOVAL
Woodmans. Crem. Date 11/14 1934

19. UNDERTAKER E. & C. Harley
(Address) 115 E. 23rd St

20. FILED 10 12 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. ... 1934 to Nov 11 ... 1934
I last saw h... in alive on Nov. 9, ... 1934 Death is said to have occurred on the date stated above, at 8 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis -	?
Arteriosclerosis -	?
Carcinoma of stomach -	1 yr ?
Other contributory causes of importance: Carcinomatous Metastases	?

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Lawrence M. Serra M. D.

(Address) 1009 Annapolis Blvd Brooklyn Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06440 ✓ F 06440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 23-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mahala Sellers

(a) Residence: No. 1102 Sharp St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clare

6. DATE OF BIRTH (month, day, year) Aug 16, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Georgia

FATHER

13. NAME Daniel Williams

14. BIRTHPLACE (city or town) (State or country) Ga

MOTHER

15. MAIDEN NAME Della ?

16. BIRTHPLACE (city or town) (State or country) Ga

17. INFORMANT Reeds (Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem'y Date 11/12 1934

19. UNDERTAKER Walter B. Gross (Address) 1374 Edmondson Ave

20. FILED NOV 12 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934 to Nov 8, 1934

I last saw her alive on Nov 8, 1934 Death is said to have occurred on the date stated above, at 7:53 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, arteriosclerotic	?
Hypertension	?
Other contributory causes of importance:	Prob

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ____

(Signed) I. Phagan, M. D.

(Address) Balto City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9 F 06441 ✓ F 06441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Sea Sisters Hospital
CITY OF BALTIMORE: (No. Fayette & Pulaski -01 St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Thomas Byrnes

(a) Residence: No. 629 N. Belnord Ave. St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 10, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Thomas Byrnes
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER
15. MAIDEN NAME Elizabeth Matrenela
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Thomas Byrnes
(Address) 629 N Belnord ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11-14 . 1934

19. UNDERTAKER Frank Brack & Son
(Address) 1906 Eastern Ave

Filed 11-14 . 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11 . 1934

22. I HEREBY CERTIFY, That I attended deceased from (A.M.) 11-11 . 1934 to (P.M.) 11-11 . 1934
I last saw him alive on 11-11 . 1934 Death is said to have occurred on the date stated above, at 7:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10-?
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James F. Shanahan M. D.
(Address) Sea Sisters Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

61 ZIRON

M. D. 8 F-s-9 06442 ✓ F 06442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1229 S. Clinton St. 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Vontran

(a) Residence: No. 1229 S. Clinton St., Ward. L

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 24 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-	1	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph P. Vontran

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Martha E. Long

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Martha E. Vontran

(Address) 1229 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland. Date Nov 12 1934

19. UNDERTAKER George W. Zurkley

(Address) 1739 E. Eager St

FILED NOV 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1934 to Nov 10 1934

I last saw he alive on Nov 10 1934 Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Oct 30, 1934

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. L. Rexford M. D.

(Address) 2201 N. Charles St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Nov 12 1934

M. D. B. [illegible]

F 06443

F 06443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3 S. Frederick St. 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wilton H Harrison

(a) Residence: No. 3 S Frederick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ~~New Orleans~~ TAMPA, FLORIDA

FATHER

13. NAME SYLVESTER B. HARRISON

14. BIRTHPLACE (city or town) (State or country) UNKNOWN

MOTHER

15. MAIDEN NAME VIRGINIA HIGGS

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Walter H. HARRISON
(Address) (Deceased)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov 12, 1934

19. UNDERTAKER Leo G. Spark
(Address) 1723 N. Patterson Park Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
unknown	

Other contributory causes of importance:

Coronary Thrombosis	
Sudden	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) James M Fenlon, M. D.
Coroner

(Address) Love Chapel

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S C

Spec. 230 Ikhs

F 06444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06444

92-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 937 Leadenhall St. WARD 23-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Odessa Butler

(a) RESIDENCE NO. 937 Leadenhall St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 15 1871

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	6	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS

10 NAME OF FATHER Augustus Bailey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Bailey

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant (Address) Richard Butler 937 Leadenhall St.

15 Filed ....., 19.... ....., Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 9 1934

17

I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 9, 1934, that I last saw h alive on Nov 7, 1934, and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows: Cardiac Decompensation

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) As Chronic

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Auricular Fibrillation

(Signed) C. W. Flowers M. D.

(Address) 712 S. Conkling St.

Nov 10 1934

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Ct — DATE OF BURIAL 11/10/1934

20 UNDERTAKER Isaiah L Brown & Son — ADDRESS 108 W Montgomery St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R. 1268-2

F 06445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06445

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Boone

(a) Residence: No. 1428 McCulloh St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	18 6	8 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Sallie Malone

(Address) Same (Grandmother)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion cemetery Date Nov 14. 1934

19. UNDERTAKER Adolphus Halstead

(Address) 902 Druid Hill ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-2 . 1932 . to 11-10 . 1934

I last saw him alive on 11-10 . 1934 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia

Date of onset 11-2-34

Other contributory causes of importance:

Gastro intestinal disturbance

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George McDonald M. D.

(Address) Provident Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1-9 F 06446

F 06446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1873 N. Spring St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Jenkins

(a) Residence: No. 1873 N. Spring St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Charles Jenkins

6. DATE OF BIRTH (month, day, year) June 1, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hanover County Va

FATHER

13. NAME Pemulton Armistead

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cora Hercott

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Miss Thomas Armistead

(Address) 1839 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date 11-12 1934

19. UNDERTAKER Robert L. Young

(Address) 864 N. Carolina St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/9 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to Nov 9 1934

I last saw h on alive on Nov 8 1934 Death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	March 1934
Other contributory causes of importance: Parenchymatous Nephritis & generalized Anasarca	March 1934

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E Monument St

V S 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-9 F 06447 ✓ F 06447

291 413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-G Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clyde Dockins

(a) Residence: No. 1526 Brentwood av St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-17-13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Del

FATHER

13. NAME John Dockins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Jackson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebron Md Date Nov 13 1934

19. UNDERTAKER J. T. Frunton & Son

(Address) Fredericksburg Md

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1934 to Nov 11, 1934

I last saw him alive on Nov 11, 1934 Death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	1932 (?)
Treatment with Neo-Arsphenamine	Sept 1934
Exfoliative Dermatitis due to Arsenic	Sept 1934
Multiple Lung Abscesses	Oct 1934
Other contributory causes of importance:	
Bilateral Detachment of Retinae (early)	Aug 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) L. Carmichael Taylor M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06448

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Floyd Thomas

(a) Residence: No. 339 ½ - Lafayette St., ~~Ave~~ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Lilly -

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) —— (State or country) Va

FATHER

13. NAME ——

14. BIRTHPLACE (city or town) —— (State or country)

MOTHER

15. MAIDEN NAME ——

16. BIRTHPLACE (city or town) —— (State or country)

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date, Nov 13 34 19

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1934 to Nov 8 1934

I last saw ~~him~~ alive on Nov 5 1934 Death is said to have occurred on the date stated above, at 10 ~~PM~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	?
Chronic alcoholism	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R Carmichael Tilghman M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 12

F 06449

F 06449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life time yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Gray

(a) Residence: No. 1302 Stockton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (No name)

6. DATE OF BIRTH (month, day, year) 1901

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Not informant

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George Hicks

(Address) 544 Gold st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemty Date NOV 12 34 19

19. UNDERTAKER Thomas. E. Kelson

(Address) 1303 Presstman St

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-8-34

22. I HEREBY CERTIFY, That I attended deceased from 11-6 1934 to 11-8 1934

I last saw him alive on 11-8 1934 Death is said to have occurred on the date stated above, at 9.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	9-16-34
(Lobar)	

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arlyn Bell County M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 2508

F 06450 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 06450

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 W Fayette St., 19-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy A. Johnson

(a) Residence: No. 1622 W Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Richard Johnson

6. DATE OF BIRTH (month, day, year) ? 1865 ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook - 21 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

FATHER

13. NAME Richard Johnson

14. BIRTHPLACE (city or town) (State or country) Essex Co Va

MOTHER

15. MAIDEN NAME Lucinda Corbin

16. BIRTHPLACE (city or town) (State or country) Essex Co Va

17. INFORMANT Sylvia Hopkins

(Address) 1113 Stockton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Nov 14 1934

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1934 to Nov 10, 1934

I last saw h[illegible] alive on Nov 9, 1934 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Pyloric) Gastric -	Prob Oct 1934 Aug - 1934?
Interstitial Nephritis	Prob Oct 1934

Other contributory causes of importance

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Wright, M. D.

(Address) 1209 Presstman St

Information should be carefully supplied. All items should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06451

F 06451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 16451

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Nelles

(a) Residence: No. 1135 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Female — 4. Color or Race: Colored — 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced — (or) WIFE of: John Nelles

6. DATE OF BIRTH (month, day, year): Feb. 6, 1900

7. AGE: Years 34 | Months 9 | Days 2 | If LESS than 1 day ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 037
10. Date deceased last worked at this occupation (month and year): ? — 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto — Md

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Nov 12, 1934

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Preston on St

20. FILED ..... 19..... Registrar.

NOV 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934 to Nov 8, 1934
I last saw her alive on Nov. 8, 1934 Death is said to have occurred on the date stated above, at 10:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Meningitis	May 1934
Uterine Ca	

Other contributory causes of importance:

Broncho-pneumonia	11/6/34

Name of operation None Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Chase M. D.
(Address) Balto City Hosp Balto. Md

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

06452

HEALTH DEPARTMENT—CITY OF BALTIMORE

06452

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 6-01 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

2. FULL NAME John Peter Huether

(a) Residence: No. 400 N. Lakewood Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Julia J.

6. DATE OF BIRTH (month, day, year) May 29/1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	66	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4 yrs ago 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Louis Heuther

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis A. Huether

(Address) 400 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Nov. 12, 1934

19. UNDERTAKER H. Sander Sons Inc.

(Address) 1710 East St.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Terminal)	
Other contributory causes of importance: Chr. Myocardial Insufficiency	?yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Bauer, Coroner, M. D.

(Address) 5086 Wabash

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 30

M. D. B 1208-9

F 06453 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06453

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

Registered No. 19-91

CITY OF BALTIMORE: (No. En route to Franklin Square Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel R. Carter

(a) Residence: No. 331 S. Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie E. Carter

6. DATE OF BIRTH (month, day, year) Sept. 12-1883.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Joseph J. Carter

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Alverda E. Hopkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Carrie E. Carter
(Address) 1218 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Thomas Date 11/12 19 34

19. UNDERTAKER Frederick R Polk & Son
(Address) 1200 W Lombard St

20. FILED 19 Register No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 , 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Nov 10 1934

Other contributory causes of importance:

Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos L Valentine M.D.
Coroner

(Address) 16 South Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CERTIFICATION

F 06454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-A Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret A. Carroll

(a) Residence: No. 1247 East North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct. 18-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	—	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 68

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Eo Carroll

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Alice M. McKittrick

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Thomas Carroll 1247 E North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date Nov 14 1934

19. UNDERTAKER (Address) Chas. B. Fraunston Bond & Royal Ave.

20. FILED ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from November 9. 1934. to November 10. 1934

I last saw her alive on November 10. 1934 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic nephritis	
3. Chronic myocarditis	
4. Anaemia - terminal	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how? .....

(Signed) Wm Magenheller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

No. 112034

M. D. F 06455

F 06455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-01 Ward)
Length of residence in city (town) where deceased resided ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Mary Martha Sheckells
(a) Residence: No. 2236 E. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6a. If married, widowed, or divorced (or) WIFE of: the late John O Sheckells

6. DATE OF BIRTH (month, day, year): Dec. 14 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month, day, year):
11. Total time (years) spent in this occupation: 037

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER
13. NAME: William Thompson
14. BIRTHPLACE (city or town) (State or country): Garland.

MOTHER
15. MAIDEN NAME: Not. Kn
16. BIRTHPLACE (city or town) (State or country): Mt. K

17. INFORMANT: Mr Howard Sheckells
(Address) 2236 E. Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cem. Date: Nov. 14 1934

19. UNDERTAKER: Henry Hoen & Sons, Inc
(Address) 1341 E. Eager St

20. FILED ... 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 11 1934

22. I HEREBY CERTIFY, That I attended deceased from November 6 1934 to November 11 1934
I last saw h[illegible] alive on November 11 1934 Death is said to have occurred on the date stated above, at 1:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Prolapse uterus	
2. Chronic myocarditis	
3. Acute myocardial failure	

Other contributory causes of importance.

Interval between onset and death

Name of operation: Intercostal [illegible] Date of: 11-8-34
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 06456

F 06456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-21 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Pfeiffer

(a) Residence: No. Relay Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Pfeiffer

6. DATE OF BIRTH (month, day, year) Feb. 3rd, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Nickolas Pfeiffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Metz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Howard L. Pfeiffer
(Address) Relay Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Nov 13, 1934

19. UNDERTAKER Wm. Tagtmeyer & Sons
(Address) Fourth & Pine Aves

20. FILED [illegible] 19[illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11th. 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on Inquiry . 19 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Thrombosis	Nov 11 1934
Other contributory causes of importance:	
Accident	Nov 10

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 10-34

Where did injury occur? Relay, Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down steps

Nature of injury Fractured arm

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Vahlen Coroner M. D.

(Address) 16 South Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 06457 Wilworth ✓ F 06457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719E 23d St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada L. Allworth

(a) Residence: No. 719 E 23d St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas P. Allworth

6. DATE OF BIRTH (month, day, year) May 16, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	73	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Dyer

14. BIRTHPLACE (city or town) (State or country) Vienna Md.

MOTHER

15. MAIDEN NAME Margaret Hankey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ida Dawes

(Address) 719 23d St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov. 13, 1934

19. UNDERTAKER Wm. J. Tyler & Son

(Address) North & Pine.

20. FILED Nov 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934 to Nov 10, 1934

I last saw h[illegible] alive on Nov 9, 1934 Death is said to have occurred on the date stated above, at 5:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4 days

Other contributory causes of importance:

Enter Coletis for 4 weeks

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..... 19....

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) John A Cleary M. D.

(Address) 612 N 40th

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 12 1934

F 06458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. 137

CITY OF BALTIMORE: (No. ..... St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Stonewall J. Coleman

(a) Residence: No. 2020 Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice B. Coleman

6. DATE OF BIRTH (month, day, year): March 2, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Brick Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? 0/2

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Cecil Hall Md

FATHER

13. NAME: James E. Coleman

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Susan Ayres

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place Chestertown Md Date Nov. 14, 1934

19. UNDERTAKER (Address): Wm J. Tuckman & Son Baltimore

20. FILED ..... 19..... Registrar.

NOV 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934 to Nov 11, 1934

I last saw him alive on Nov 11, 1934 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy Prostatic Obstruction	?

Other contributory causes of importance:

Urinary Stasis	11/7/34
Acute Uremia	11/11/34
Myocardial failure	

Name of operation none Date of

What test confirmed diagnosis? N.R. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Lowell T. Coggeshall M. D.

(Address) Balto City Hosp Balto Md

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 06459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06459

82-081

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2502 Erdman Ave, St., E-9-01 Ward)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie L. Salmon

(a) Residence: No. 2502 Erdman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Salmon

6. DATE OF BIRTH (month, day, year) Sept 13th 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adolph A Sieck

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Florence Eberle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Salmon (Address) 2502 Erdman Ave.

18. BURIAL, CREMATION, OR REMOVAL Hillsdale St Pauls Cem Druid Date 11-13th 1934

19. UNDERTAKER Mrs Chas A G Rohde (Address) 2327 Edmondson Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1934 to Nov 10, 1934

I last saw her alive on Nov 10, 1934 Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 9
Apoplexy	1934
Other contributory causes of importance:	
Arteriosclerosis.	Years

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Norris H. ... M. D.

(Address) 2020 N. Calvert

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE ...

M. D. B. 1268-9

F 06460 F 06460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4806 Homer St. St. 27-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Louis Lottes

(a) Residence: No. 4806 Homer St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced (or) WIFE of Anna R. Lottes

6. DATE OF BIRTH (month, day, year) Mar. 23, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Lottes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Foster

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna R. Lottes
(Address) 4806 Homer St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 11/14/34 19

19. UNDERTAKER Richard H. Breyer
(Address) 1620 Ashburton St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1934

22. I HEREBY CERTIFY, That I attended deceased from October 7 1934 to Nov 11 1934

I last saw him alive on Nov 11 1934 Death is said to have occurred on the date stated above, at 3.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1932
Edema Lungs	11/5/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Chas D Bubert M. D.

(Address) 3601 Sequoia Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOT

M. D. R. 1268-a

F 06461

F 06461

2921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin F Ricketts

(a) Residence: No. 230 W 5th St., ... Ward. Frederick Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mollie Ricketts

6. DATE OF BIRTH (month, day, year) 4-20-68

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Ruben B Ricketts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Eliz J Yeagling

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Frederick, Md. Date Nov. 14 1934

19. UNDERTAKER Lost & Elliott
(Address) 1003 W. Baltimore St.

20. FILED NOV 12 1934 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934 to Nov 12, 1934

I last saw him alive on Nov 12, 1934. Death is said to have occurred on the date stated above, at 5.10 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general and cerebral	? 1925
Thrombosis of cerebral artery	11/10/34

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Henry O. Stebbins, M. D.

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06462

F 06462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave 21 St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jane Bowen

(a) Residence: No. 1211 Union ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Child

6. DATE OF BIRTH (month, day, year): Sept 8 1921

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Lewis Bowen

14. BIRTHPLACE (city or town) (State or country): md.

MOTHER

15. MAIDEN NAME: Edna Lowman

16. BIRTHPLACE (city or town) (State or country): md.

17. INFORMANT: Edna Riggin

(Address) 1211 Union Ave

18. BURIAL, CREMATION, OR REMOVAL

Forest Ridge Date Nov 13, 1934

19. UNDERTAKER: Chronett & Son

(Address) 365 7 Chestnut Ave

20. FILED ... 19... Registrar.

NOV 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from October 31. 1934 to November 10. 1934

I last saw h.er alive on November 10. 1934 Death is said to have occurred on the date stated above, at 3 15/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho - Pneumonia	11-2-34

Other contributory causes of importance:

Kyphosis & Lordosis (Developmental) (3)

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No. (If so, specify) ...

(Signed) Carl G Peterson M. D.

(Address) St Agnes Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. Form 8-S

F 06463

F 06463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2 9 1976

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth?.. yrs. ..mos. ..ds.

2. FULL NAME Constantine Turner

(a) Residence: No. 511 E 21 st St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 4/5/71

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	63	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 071

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Alex. Turner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Roby

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date Nov. 13 1934

19. UNDERTAKER Mary M. Wagefield

(Address) 901 E Fayette St

20. FILED NOV 12 1934 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov- 9 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 , 1934, to Nov 9 , 1934

I last saw him alive on Nov 9 , 1934. Death is said to have occurred on the date stated above, at 4:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	

Other contributory causes of importance:

Inanition	

Name of operation Gastrostomy Date of 10-31

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. A. Cattell M. D.

(Address) John Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 06464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial Hospital (Ward) 12-01

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Ralph W. Ford

(a) Residence: No. Garden apts 40th St. & Stony Run Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~WIFE of~~ Margaret Carter Ford

6. DATE OF BIRTH (month, day, year) Mar 14th 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. District Sales Manager

9. Industry or business in which work was done, as farm, mill, saw mill, bank, etc. Goodrich Rubber Corp.

10. Date deceased last worked at this occupation (month and year) Oct 23rd 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Wollaston Mass

FATHER

13. NAME Henry W. Ford

14. BIRTHPLACE (city or town) (State or country) Mass

MOTHER

15. MAIDEN NAME Alice Wheelock

16. BIRTHPLACE (city or town) (State or country) Mass

17. INFORMANT Margaret C. Ford

(Address) Garden Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Date Nov 14th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar.

NOV 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-1, 1934, to 11-12, 1934.

I last saw him alive on 11-12, 1934. Death is said to have occurred on the date stated above, at 9 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pulmonary Tuberculosis & pneumonia Bronchial	years 3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen, M. D.

(Address) Union Memorial Hospital

S. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Entry must be made in information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rs 3

M. D. B. F. 06465

F 06465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 216 Churchill St. 22-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 70 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry B. Grimm

(a) Residence: No. 216 Churchill St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Grimm

6. DATE OF BIRTH (month, day, year) Aug. 25. 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hancock Md

MOTHER FATHER

13. NAME Eli Grimm

14. BIRTHPLACE (city or town) (State or country) Hancock Md

15. MAIDEN NAME Julia Colbert

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florence Grimm
(Address) 216 Churchill

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Nov 13 1934

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

20. FILED ..... 19 ..... Registrar.

NOV 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Nov 10 1934

I last saw h... alive on Nov 12 1934 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Regurgitation	
Endocarditis	

Other contributory causes of importance:

Operation

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 1644 Hanover 19 34

S. 3

INSTRUCTIONS: Items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1293-9

F 06466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06466

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 720 S. Curley St., 1-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph T. Kane

(a) Residence: No. 720 S. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Kane 1871

6. DATE OF BIRTH (month, day, year) April 15, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J. State

FATHER

13. NAME Martin Kane

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Foley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret Kane
(Address) 720 S. Curley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. H.R.d. Date 11/13/34 19

19. UNDERTAKER J. A. Krause & Son
(Address) 1216 E. Chase St

20. FILED NOV 13 1934 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 34

22. I HEREBY CERTIFY, That I attended deceased from Aug 29 1934 to Nov. 4 1934

I last saw h[illegible] alive on Nov 4 1934. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward F. Cochran M. D.

(Address) 350 Park Ave

V. S. 213

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 1269

F 06467

HEALTH DEPARTMENT—CITY OF BALTIMORE

M F 06467

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals No. ... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Freda Waldecker

(a) Residence: No. Community Drive, Sollers Point St., Balto. Co., Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Waldecker

6. DATE OF BIRTH (month, day, year): Aug. 31, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Gustav Wiff

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Ella Tawsal

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Wm Waldecker

(Address) Community Drive Sollers Pt

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cem Date Nov. 13. 1934

19. UNDERTAKER Wendell J. Dippel

(Address) 300 S Eden St

20. FILED NOV 13 1934 19 at ... M. Fee ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19..., to ... 19...

I last saw h... alive on Nov. 19... Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	
Shock	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/10 1934

Where did injury occur? Sollers Point Rd. near Lodge Field (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place street Accident

Manner of injury Auto in which she was riding upset.

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 200 E Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. If UNDER 1 YEAR state AGE in hours, if UNDER 1 DAY state in minutes. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

2. D. B 12[illegible] 06468

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06468

X 210-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen L. Waldecker

(a) Residence: No. Community Drive, Sollers Pt. St., Balto. Co., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) April 21, 1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Enfant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Waldecker

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Freda Walt-

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Wm Waldecker

(Address) Community Drive, Sollers Pt

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cem Date Nov. 13, 19[illegible]

19. UNDERTAKER Wendell J Dippel

(Address) 300 S Eden St

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from virgin, 19..., to ..., 19...

I last saw h... alive on virgin, 19... Death is said to have occurred on the date stated above at 6.32 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/9, 1934

Where did injury occur? Sollers Point Rd. nr. Logan Field

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in a public place Street Accident.

Manner of injury Auto in which she was riding upset.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ✓

(Signed) Joseph Schorry Coroner, M. D.

(Address) 2209 E Madison St

Void if information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1934

M. D. B 12-30

F 06469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06469

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin G Wachter

(a) Residence: No. 2006 O'Dell Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E. Wachter

6. DATE OF BIRTH (month, day, year) Jan 25 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	6	15/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Lorenz Wachter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret E. Wachter

(Address) 2006 O'Dell Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 11/13/34 19

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Orleans St.

20. FILED NOV 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ..... 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J S Heyerman M. D.

(Address) 1305 N Patterson Park Ave Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12[illegible]

F 06470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06470

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eugenia T Pindell

(a) Residence: No. 2255 Cedley St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry T Pindell

6. DATE OF BIRTH (month, day, year) Mar 10 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	61	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm T Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Isabella Bailey

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Harry T Pindell

(Address) 2255 Cedley St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Co Date Nov 13 1934

19. UNDERTAKER F B Kinport & Son

(Address) 300 Eutaw Place

20. FILED Nov 13 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) H Herzog MD M. D.

Coroner

(Address) 1305 N Calvert St

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1934

F 06471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06471

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 East Fayette St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John J. Carr

(a) Residence: No. 2014 East Fayette St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Carr

6. DATE OF BIRTH (month, day, year) Nov 8, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brick Yard

10. Date deceased last worked at this occupation (month and year) 0'10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Patrick Carr

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Sweeny.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary A. Carr

(Address) 2014 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Nov. 13, 34

19. UNDERTAKER John A. Moan

(Address) 3000 E. Balto St.

20. FILED ... 19.. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from January, 1930, to November 10, 1934

I last saw him alive on November 10, 1934. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diffuse Nephritis	1929
Other contributory causes of importance:	
Diabetes Mellitus	1932

Name of operation ..... Date of .....

What test confirmed diagnosis Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank J. Ayd, M. D.

(Address) 2006 E. Monument St

V S 3

A. B.—WRITE PLAINLY, with pen and ink, and use no abbreviations. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-2

F 06472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06472

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N. Fremont St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harold Elliott

(a) Residence: No. 524 N. Fremont St. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): June 16 1902

7. AGE: Years 32 | Months 4 | Days 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Elliott

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Elizabeth Townsend

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Maud Elliott

(Address) 524 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: Nov 18 1934

19. UNDERTAKER: Sam'l N. Chase & Son

(Address) 638 N. Gilmor

20. FILED ..... 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days

Other contributory causes of importance:

Chronic Nephritis 8 years

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Klinik, M. D.

Coroner

(Address) Edmondson

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

NOV 19 1934

M. D. B 1268-9

06473 HEALTH DEPARTMENT—CITY OF BALTIMORE B 06473

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 Christian St. St., 26 W Ward)

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Still

(a) Residence: No. 2131 Christian St. St., ... Ward. Greensboro N C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Still

6. DATE OF BIRTH (month, day, year) Oct. 2-1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ob

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greensboro (State or country) North Carolina

FATHER

13. NAME Elbert Devinne

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Otis Woods

(Address) 2131 Christian St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Nov ... 19 34

19. UNDERTAKER J. Vernon Mahon

(Address) 1532 Hollins St

20. FILED NOV 13 1934 Austin Wilcox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11 , 19 34

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on Inquiry , 19 ... Death is said to have occurred on the date stated above, at 10.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Nov 11 1934
Other contributory causes of importance:	
Diabetes	?

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If ... specify ...

(Signed) Jos. L. Mahon M. D.

Coroner

(Address) 16 South Broadway

N. B.—WHILE PLANS, WITH INSTRUCTIONS, FOR FILLING OUT THIS CERTIFICATE, ARE SENT TO PHYSICIANS, information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-F

F 06474

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06474

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2501 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael D. Rybka

(a) Residence: No. 208 S Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) Oct 26, 1?

7. AGE: Years 56? | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Russian 2nd Date nov 17 1934

19. UNDERTAKER John Gelbiancos

(Address) 423 S. Paca St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1934 to Nov 11, 1934

I last saw him alive on Nov 11, 1934 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver alcoholic	1 yrs
Chronic alcoholism	15 yrs

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Phagel M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1368-A

F 06475

F 06475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-601

1. PLACE OF DEATH

Registered No. 34-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Horace Gatewood

(a) Residence: No. 1313 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) King Williams Va

FATHER

13. NAME Horace

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Finella ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov. 14, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1934 to Nov 10 1934

I last saw h[illegible] alive on Nov 10 1934 Death is said to have occurred on the date stated above, at 6 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Left	1 mo.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Frazier M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269 F 06476 F 06476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St. 17-21 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Coxon (Coxson)

(a) Residence: No. 628 Perkins ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Coxon

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Clivia Milton

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 13, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED ....., 19..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1934, to November 8, 1934

I last saw her alive on November 8, 1934. Death is said to have occurred on the date stated above, at 3.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Meyer M. Jacobson M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06477 F 06477

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Lederman

(a) Residence: No. 1105 E. Lombard St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Jewish	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-19-1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Hyman Lederman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Interred Mt. Carmel Date 11/13/34 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Balto St

20. FILED 11/13/1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-22 1934 to 11-13 1934

I last saw h alive on 11-13 1934 Death is said to have occurred on the date stated above, at 6.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	?
Cholelithiasis	?
Other contributory causes of importance: Broncho-pneumonia	8 days

Name of operation Cholecystotomy Date of 11-2-34

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Levy M. D.

(Address) 1211 Cathedral St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06478

F 06478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Argyle St. 14-01 Ward)

Length of residence in city or town where death occurred ..yrs. 7 mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Horace E Tilghman

(a) Residence: No. 1526 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Tilghman

6. DATE OF BIRTH (month, day, year) Oct 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	48	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Tilghman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Parsons

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John T Tilghman

(Address) 1526 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date Nov 14 '31

19. UNDERTAKER Harman & Dwyer Inc

(Address) Park Cemetery

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1931 to Nov 11 1931

I last saw him alive on Nov 10 1931 Death is said to have occurred on the date stated above, at 5.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Broncho Pneumonia (Primary)	Nov 3 '31

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William F Ley M. D.

(Address) 1722 Penna Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 9

NOT A VALID DEATH CERTIFICATE

M. D. B. 1208-9

F 06479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 S. Bethel Street St., 7-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 25 yrs. ... mos. ... ds.

2. FULL NAME Maryanna Strzelecka

(a) Residence: No. 708 S. Bethel Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Joseph Strzelecki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Osowska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Antonina Szefczynska

(Address) 1425 Richardson Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date NOV 15. 1934

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

20. FILED ... 19...

Registrar.

NOV 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 . 1934

22. I HEREBY CERTIFY, That I attended deceased from September 2 . 1934 to Nov. 12 . 1934

I last saw h... alive on Nov 12 . 1934 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	unk
arteriosclerosis	unk

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Frank L. Jamison M. D.

(Address) 2431 Eastern

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. R. 1268-9

F 06480

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06480

CERTIFICATE OF DEATH

94-002

Registered No. 1-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 S. Patterson Park Ave. St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME Amelia Lenk

(a) Residence: No. 10 S. Patterson Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days.	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Anthony Lenk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Maryanna Drejka

(Address) 10 So. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date NOV 16 . 1934

19. UNDERTAKER John F. Weber

(Address) 401 S. Chester St

20. FILED . 19 Registrar.

NOV 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 . 1934 to Nov 10 . 1934

I last saw h.. alive on Nov 10 . 1934 Death is said to have occurred on the date stated above, at 3:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Thrombosis	Nov. 8

Other contributory causes of importance:

Chronic Myocardial Failure

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo L. McCarthy M. D.

(Address) 126 S. Patterson Park Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9.3

M. D. B. 1268-9

F 06481

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06481

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Sauer St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Sisco

(a) Residence: No. 402 Sauer St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24 — 1914

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20	3	11	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Sisco

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary L. Woodland U. S.

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mary L. W. Sisco

(Address) 402 Sauer

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Nov 14. 1934

19. UNDERTAKER Joseph A. Lurby

(Address) 1491 Mount Street

20. FILED Nov 13 1934 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/6 1934 to 11/10 1934

I last saw him alive on 11/9 1934. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Burk Curtis M. D.

(Address) 402 Sauer St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

06482 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 06482

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ... St., 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. 7 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Ogle

(a) Residence: No. 4825 Windsor Mill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Ogle

6. DATE OF BIRTH (month, day, year) March 21, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Elias Jimmers

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Mary E. ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon P. Date Nov 16 1934

19. UNDERTAKER Harry G. Armagost & Son
(Address) 1101 Edgewood Ave

20. FILED NOV 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 2, 1934 to November 12, 1934

I last saw her alive on November 12, 1934 Death is said to have occurred on the date stated above, at 10:20 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Meyer M. Jacobsen M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

F 06483

F 06483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Caroline St. 2-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Levin

(a) Residence: No. 305 S Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Anna

6. DATE OF BIRTH (month, day, year): 1857

7. AGE: Years 77 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Benj Levin

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Mary —

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Morris Levin
(Address): 907 Ramsey st

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date Nov 13, 1934

19. UNDERTAKER: S Levinson Bro
(Address): 1127 E Baltimore St

20. FILED: Nov 13 1934 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1934 to Nov 11, 1934

I last saw h alive on Nov 11, 1934 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Esophagus — Date of onset

Other contributory causes of importance:

Ch Myocarditis

Name of operation: Physical Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A Hoffman stein, M. D.

(Address) 733 Lexington St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

06484 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06484

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2003 Bauernschmidt Ct St., 8-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillie M. Long

(a) Residence: No. 2003 Bauernschmidt Ct St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Richard

6. DATE OF BIRTH (month, day, year): June 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	42	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Frederick, Md.

FATHER

13. NAME: Wm. J. Hamilton

14. BIRTHPLACE (city or town) (State or country): Frederick, Md.

MOTHER

15. MAIDEN NAME: Marie Esworthy

16. BIRTHPLACE (city or town) (State or country): Frederick, Md.

17. INFORMANT: Mrs. Harry Shivers
(Address): 406 E. Randall St

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Co Date: Nov 14 1934

19. UNDERTAKER: A. Raymond Edwards
(Address): 38 E Fort Ave

20. FILED: NOV 13 1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 12/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 506 E Fort Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06485

F 06485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospitals (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Sykes

(a) Residence: No. 339 Pleasant St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Sykes

6. DATE OF BIRTH (month, day, year) 3/25/1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland (town ?)

FATHER

13. NAME Lewis Dossell

14. BIRTHPLACE (city or town) (State or country) (town ?) Maryland

MOTHER

15. MAIDEN NAME Clara Upsons

16. BIRTHPLACE (city or town) (State or country) (town ?) Maryland

17. INFORMANT Balto City Hospitals Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place White Rock Md Date 11-13-34 19

19. UNDERTAKER Mrs. George F. [illegible]

(Address) 1631 Druid [illegible]

20. FILED NOV 13 1934 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 9 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-5-34 19 to 11-9-34 19

I last saw he alive on 11 9 1934. Death is said to have occurred on the date stated above, at 4:10 P m.

The principal cause of death and related causes of importance were as follows:

Myoma of Uterus ?

Date of Onset

Other contributory causes of importance: Pulmonary Embolism 11-9-34

Name of operation Hysterectomy Date of 11 8 34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Grant M. D.

(Address) Balto City Hospitals Balto Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 06486

F 06486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 S. Arlington Ave 18-01 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Angela G Stapleton

(a) Residence: No. 126 S. Arlington Ave (Usual place of abode) City Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 5th 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
19	—	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John J. Stapleton

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Carroll

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr John J Stapleton

(Address) 120 S. Arlington Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/15/ 1934

19. UNDERTAKER John J Cowan & Son

(Address) 901 Hollins St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934 to Nov 12, 1934

I last saw h[illegible] alive on Nov 12, 1934 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis PB	
Cardiac Insufficiency	11/5/34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis Sputum Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward Dorsey M. D.

(Address) 527 N Eutaw Pl

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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16

M. D. 126 F 06487

V F 06487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore Hosp. St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Essie Jackson

(a) Residence: No. Linthicum Hgts, St., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Jackson

6. DATE OF BIRTH (month, day, year) 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rivertown Ga.

FATHER

13. NAME Sam Roberts

14. BIRTHPLACE (city or town). (State or country) Ga.

MOTHER

15. MAIDEN NAME Estell Shields

16. BIRTHPLACE (city or town). (State or country) Va.

17. INFORMANT William Jackson

(Address) Linthicum Hgts Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 11-14 1934

19. UNDERTAKER Funeral Director W. Wright

(Address) 1218 McElderry St

20. FILED NOV 13 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1934 to Nov. 11, 1934

I last saw her alive on Nov. 11 1934 Death is said to have occurred on the date stated above, at 4:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyemia	
	prior

Other contributory causes of importance:

Multiple abscesses of liver & st. kidney

Name of operation Laparotomy Date of 11/10

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton R. Stein M. D.

(Address) So. Balto. Hosp

M. D. F 06488

F 06488

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 142-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ..... St. 24 Ward) South Baltimore Gen. Hospital

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Etta G. Chew

(a) Residence: No. Main St., Ward. Westminster, Md
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	10	2 1/20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Arthur Chew

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Allgire

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hayden Chew
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Carroll County Date Nov 16, 1934

19. UNDERTAKER J. Ernest Reed
(Address) Westminster Md.

20. FILED ... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1934 to Nov. 13, 1934

I last saw her alive on Nov. 13, 1934. Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured tubal pregnancy	11/11/34
Operation necessary	
Referred to Coroner	
Other contributory causes of importance:	
Shock	11/12/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) William D. Wolfe, M. D.
(Address) South Baltimore Gen. Hosp.

M. D. F. 12 F 06489

✓ F 06489

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen'l 5901 St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Simcoe

(a) Residence: No. 721 Forest Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper - Hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... W

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) City
(State or country)

FATHER

13. NAME John Simcoe

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Josephine Wright

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Fred Simcoe
(Address) 515 N Forest St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Cemtery Date 11/13/ 34

19. UNDERTAKER C. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED NOV 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934 to Nov 10, 1934

I last saw him alive on Nov 10, 1934. Death is said to have occurred on the date stated above, at 6 to 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriola Sclerotic Nephritis ?	
Uremia	
Terminal Bronchopneumonia	2d

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. H. Rogers M. D.

(Address) W B & L

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 06490 ✓ F 06490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 23-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick Rafferty

(a) Residence: No. 1516 Marshall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ellen Rafferty

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Rafferty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME McKeown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date 11/14 34

19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from Scalding Burns	
accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury Nov 8 1934
Where did injury occur? 1516 Marshall St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Clothing caught fire
Nature of injury Burns on legs

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) F. E. Negus M.D. Coroner M. D.
(Address) 1305 N. Patterson Park

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-b

F 06491

06491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Kane

(a) Residence: No. Pasadena Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (City or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Magothy Md. Date 11/13- , 1934

19. UNDERTAKER John B. Johnson
(Address) Annapolis Md.

20. FILED NOV 13 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Eugene Feller, M. D.
Coroner

(Address) 2937 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06492

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1615 W. Lanvale St. (Ward) 16-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie Stewart.

(a) Residence: No. 1615 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/11/26.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. ... min.
	8	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Morris Stewart
14. BIRTHPLACE (city or town) (State or country) Catonsville Md.

MOTHER

15. MAIDEN NAME Alice Graham
16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMANT Bernard Glenn
(Address) 1570 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 11/13 1934

19. UNDERTAKER Walter B. Sprigg
(Address) 139 W. Lanvale St.

20. FILED NOV 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/10. 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/18/34 to Nov. 10th 1934
I last saw her alive on Nov. 10th 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9/1934
Whooping Cough.	9/1934

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. T. Gunn M. D.
(Address) 522 N. Arlington Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. D 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06493

06493

CERTIFICATE OF DEATH

186-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 14-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Wilkerson

(a) Residence: No. 1716 Etting St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Samuel Wilkerson

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Emma Wilkerson
(Address) 842 Harford ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 11/14/ 1934

19. UNDERTAKER Francis A. Wemlys
(Address) 572 W. Biddle St.

20. FILED NOV 13 1934, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Autopsy, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture both Femurs	13 day
Pneumonia	
Embolism	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) James M. Fenlon Coroner, M. D.

(Address) 1001 Chase

M. D. B. 1268-9

F 06494

HEALTH DEPARTMENT—CITY OF BALTIMORE

06494

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Brown

(a) Residence: No. 622 George St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Dalle City Hosp Date 19

19. UNDERTAKER Body disposed of by Balto City Hosp.

(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 3 1934

22. I HEREBY CERTIFY, That I attended deceased from October 27 1934 to Nov 3 1934

I last saw h[illegible] alive on Nov 3 1934 Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertensive	?
Myocardial Insufficiency	
& Congestive Failure	6 hrs
Other contributory causes of importance:	Unk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. P. Bragel M. D.

(Address) Balt City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

1934 0850

M. D. B. 1268-9

06495

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06495

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Nicholson

(a) Residence: No. 1200 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence (dec)

6. DATE OF BIRTH (month, day, year) Nov 5, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 078

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sarah Cox

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address) Back City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 3, 1934

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19.... Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-S 3

NOV 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934 to Nov 6, 1934

I last saw h... alive on Nov 6, 1934 Death is said to have occurred on the date stated above, at 1 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis	1 yr
Cystitis	15 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Phagan M. D.

(Address) Back City Hosp

M. D. B. 1268-9

F 06496

F 06496 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alex Fisher

(a) Residence: No. Town St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamaica B. W. I.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 13 19 34

19. UNDERTAKER .....

(Address)

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 6. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1933 to Nov 6 1934

I last saw him alive on Nov 6 1934 Death is said to have occurred on the date stated above, at 1:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis,	
Hypostatic Pneumonia	5 yrs

Other contributory causes of importance:

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Phagel M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1934 8:52

MARYLAND RESERVES FOR CHECKING

M. D. B. 1968-9

F 06497

46

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

06497

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Lee

(a) Residence: No. 10-19 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 7, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Lucius

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Friends
(Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 15 19 37

19. UNDERTAKER [illegible]
(Address)

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1937 to Nov 7 1937

I last saw him alive on Nov 7 1937 Death is said to have occurred on the date stated above, at 11-0 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2 Mos
c metastases Liver	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. D. Frassel

(Address) East City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 24 1937 0853

M. D. B. 1268-9

F 06498

06498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Good Shepherd Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmore St., 14 (Ward)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Gullet

(a) Residence: No. 1517 E. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-4-894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

FATHER

13. NAME Willie Reed

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Louise Reed

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Inverness Md Date 11-13-34

19. UNDERTAKER (Address)

20. FILED 11-13-34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-10-1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1934 to Nov. 10, 1934

I last saw h alive on Nov. 10, 1934. Death is said to have occurred on the date stated above, at 2:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis 3 months	
Pulmonary edema 3 days	

Other contributory causes of importance:

Hypertension, Cardio-vascular renal disease	1925

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Hospital, M. D.

(Address) 1835 E. Lanvale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. F. 06499 ✓F 06499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 1501 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Bradenberg

(a) Residence: No. 1808 Ulman Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Late Hannah E

6. DATE OF BIRTH (month, day, year) Jan 17 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Henry Bradenberg.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hospital & Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew Cemetery Date NV. 13 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1934 to 11-13 1934

I last saw him alive on 11-13 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possible Coronary Occlusion	5 days.

Other contributory causes of importance:

Lobar Pneumonia	?

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond F. Hufnagle M. D.

(Address) Mercy Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 13 1934

M. D. B 1268-9

✓ F 06500

HEALTH DEPARTMENT—CITY OF BALTIMORE

06500

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lelly Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beulah Godson

(a) Residence: No. 1924 E Eager St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Unknown

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date Nov 13 34 19

19. UNDERTAKER Milton Paris
(Address) 416 N Caroline St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4:04 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. Wilson M.D. M. D.
Coroner

(Address) 205 N Fulton Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1934

M. D. B. 1268-9

F 06501

HEALTH DEPARTMENT—CITY OF BALTIMORE

06501

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 626 N.Fremont Ave. St. 16-01 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie W.Barrett,

(a) Residence: No. 626 N.Fremont Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William L.K.Barrett,

6. DATE OF BIRTH (month, day, year) September 11.1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME J.Leroy Jones,

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Stone,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Wm L.K.Barrett,
(Address) 626 N.Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL NOV 14 1934
Place Woodlawn Cem Date ... 19...

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

NOV 12 1934

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to Nov. 11 1934

I last saw her alive on Nov. 11 1934 Death is said to have occurred on the date stated above, at 3.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	Nov. 1900
Chronic Interstitial Nephritis	Sept. 1933
Arteriosclerosis	Sept. 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Erin B. Wallace M. D.

(Address) 1931 St. Paul St.

N. B.—WRITE PLAINLY, WITH INK. READ CAREFULLY. PHYSICIANS should read information should be carefully classified. Exact statement state CAUSE OF DEATH OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1934

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06502

06502

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Brookfield Ave ST.) (WARD) 43-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Francis Marion Mac Donald

(a) RESIDENCE NO. 2234 Brookfield Ave St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ricka D. Mac Donald

6 DATE OF BIRTH (month, day and year): March 26/1857

7 AGE: Years 77 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Ellicott City Md

PARENTS

10 NAME OF FATHER: Steven T. Mac Donald

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Sarah Jane Trigg

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

14 Informant: Mrs Ida E. Ingman

(Address) 2234 Brookfield Ave

15 Filed NOV 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 12-1934

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1932, to Nov. 12-, 1934, that I last saw him alive on Nov. 12-, 1934 and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

arteriosclerosis — 1923

Chronic interstitial nephritis 1928

Uremic poisoning 1932

Uremic Convulsion Nov. 12 1934

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical symptoms

(Signed) Thomas Bonner, M. D.

Nov. 12. 1934 (Address) 212 S. Maryland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cemetery — DATE OF BURIAL: Nov. 14 1934

20 UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison Ave

N. B.—WHITE PAPER, etc., supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificates.

M. D. B. 1268-9

F 06503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06503

CERTIFICATE OF DEATH

76

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 E. Chase St. 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sylvia Sleyp

(a) Residence: No. 1709 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 25 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
13	12	2	1617	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forced Invalid

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ernest Sleyp

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Wenega

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ernest Sleyp
(Address) 1709 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Wm H Calvert Cem Date Nov 14th 1934

19. UNDERTAKER Wm Robert A Elliott Daughter
(Address) 1129 Harding St

20. FILED ... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-11 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Nov 11 1934.

I last saw her alive on Nov 11 1934 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Oct 30/34
Other contributory causes of importance:	
T. B. Spine	1933
T. B. Elbow	1933

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Calvin B Fe Compte M. D.

(Address) 1113 N Caroline St

N. B.—Entries must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 131934

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06504

F 06504

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 27-01 Ward)

Length of residence in city or town where death occurred 4yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Schmidt

(a) Residence: No. 6105 Maywood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Stockhausen

6. DATE OF BIRTH (month, day, year) March 3/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. W. Schmidt Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Victoria Geis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Carl H. Schmidt
(Address) 6105 Maywood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date Nov. 14. 1934

19. UNDERTAKER Henry W. Meadows
(Address) 605 N. Calvert St.

20. FILED NOV 13 1934 Huntington Ave. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion with infarction of left ventricle	11/9/34

Other contributory causes of importance:

Arteriosclerosis	????

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.

(Address) 1086 E. Monument

Information should be complete and accurate, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S S

M. D. P. 1268-9

F 06505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06505

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Guilford Ave. St., 12-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH W. CIVISH

(a) Residence: No. 3004 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theresa B. Civish

6. DATE OF BIRTH (month, day, year) August 31st. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	2	14 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho Slovak

FATHER

13. NAME John Civish

14. BIRTHPLACE (city or town) (State or country) Czecho Slovak

MOTHER

15. MAIDEN NAME Anna Razin

16. BIRTHPLACE (city or town) (State or country) Czecho Slovax

17. INFORMANT Theresa B. Civish
(Address) 3004 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Nov. 16th. 34

19. UNDERTAKER Chas. H. Traub & Son
(Address) 118 W. Mt. Royal Ave.

19. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13th. 34

22. I HEREBY CERTIFY, That I attended deceased from July 30 — 1934 to Nov 13 — 1934
I last saw him alive on Nov 12 1934 Death is said to have occurred on the date stated above, at 4.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Ren. (Angina Pectoris)	July 29
Cerebral Coma following Thrombosis —	
2 wks —	

Other contributory causes of importance:

Name of operation 2 wks — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
ND If so, specify

(Signed) Frank A Bowden M. D.
(Address) 1256 B'Way

Information should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 13 1934

M. D. B 1259-9

F 06506

HEALTH DEPARTMENT—CITY OF BALTIMORE

06506

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Geo K. Frederick

(a) Residence: No. 564 Mosher St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Grace

6. DATE OF BIRTH (month, day, year) Feb 27/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Frederick

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Maryetta Paul

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm. Frederick (Bro.)
(Address) 515 Bloom St

18. BURIAL, CREMATION, OR REMOVAL
Mt. Calvary Cem. Date 11-14, 1934

19. UNDERTAKER Snyder & Co. Leibson
(Address) 1857 Druid Hill Ave

20. FILED ....., 19.....
Registrar.

NOV 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	???

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Geo K. Cullen, M. D.
Coroner

(Address) 508 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 12

F 06507

F 06507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Charles Apts St. 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 5 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Amanda Stehman 78-5-6.

(a) Residence: No. Charles Apts St. 12 Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Abraham W. Stehman

6. DATE OF BIRTH (month, day, year): June 7 1856

7. AGE: Years 78 | Months 5 | Days 6 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER

13. NAME: Bentley C. Bibb

14. BIRTHPLACE (city or town) (State or country): Fredericksburg Virginia

MOTHER

15. MAIDEN NAME: Amanda M. Cook

16. BIRTHPLACE (city or town) (State or country): Balto. Maryland

17. INFORMANT: Mrs Caroline V. Holliday

(Address): 3333 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place: Marietta Pa. Date: Nov 16 1934

19. UNDERTAKER: Stewart Mortuary Co.

(Address): 108 W North Ave.

20. FILED: NOV 17 1934 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934 to November 12, 1934

I last saw her alive on November 12, 1934 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	4 months
Diabetes mellitus	15 years
Other contributory causes of importance:	
Myocarditis	6 months

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Stephen F. Hellman, M. D.

(Address) 6 East Biddle St.

M. D. H. 12 Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 06508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06508

CERTIFICATE OF DEATH

57

Registered No. :

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2942 Keswick Road. St., 13-21 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Josephine Sullivan

(a) Residence: No. 2942-Keswick-Road St., Ward. (Resident)
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of John C. Sullivan

6. DATE OF BIRTH (month, day, year) About Jan-10-1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 82	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) near Harpers Ferry
(State or country) West Virginia

FATHER

13. NAME Joseph Meyers

14. BIRTHPLACE (city or town) Harpers Ferry
(State or country) West Virginia

MOTHER

15. MAIDEN NAME Clementine Connard

16. BIRTHPLACE (city or town) Harpers Ferry
(State or country) West Virginia

17. INFORMANT Mrs Bertha L. Slimmer (daughter)
(Address) 3705-Gelston Drive, City.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov-14-34

19. UNDERTAKER Stewart-Nowan Company
(Address) 108-W-North-Av., City.

20. FILED NOV 14 1934 19 [illegible] Registrar.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-12-1934

22. I HEREBY CERTIFY, That I attended deceased from May 1919 to November 12 1934

I last saw her alive on November 12 1934 Death is said to have occurred on the date stated above, at 8.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis deformans & generalized osteoarthrosis	1919

Other contributory causes of importance:

Cholecystitis

Name of operation — Date of

What test confirmed diagnosis? Cx Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) H. C. St. Quentin M. D.

(Address) 3429 Chestnut Ave

M. D. P. 1268-3

F 06509

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06509

CERTIFICATE OF DEATH

1162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2901 Kildair Drive St. 27-01 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret C. Sullivan

(a) Residence: No. 2901 Kildair Drive St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Sullivan

6. DATE OF BIRTH (month, day, year) May 26, 1847.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	16 17	#######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Whelan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Doyle

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Mrs. Herbert Anthony 2901 Kildair Drive

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Nov. 14, 1934

19. UNDERTAKER (Address)

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934, to Nov 12, 1934

I last saw her alive on Nov 7, 1934. Death is said to have occurred on the date stated above, at 12 00 a.m.

The principal cause of death and related causes of importance were as follows:

Senility 4 yrs

Date of onset

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. J. Cannon, M. D.

(Address) .....

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 11934

M. D. B. 1307 F 06510

F 06510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1720 E. Oliver St., 8-01 Ward)

Length of residence in city or town where death occurred life yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Adam J. Roth

(a) Residence: No. 1720 E. Oliver St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena S. Belcher

6. DATE OF BIRTH (month, day, year) Feb 19/1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Conrad Roth

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mamie Hildebrand

(Address) 2017 E. Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Nov 14, 1934

19. UNDERTAKER George Ruth's Sons

(Address) 1220 E. Baltimore St.

20. FILED ..... 19..... .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

Coroner

(Address) 508 E. [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S C

M. D. B. 1938-9 F 06511

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06511

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 32 W Hoffman 11-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Smith

(a) Residence: No. 32 W Hoffman St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Geo. Smith.

6. DATE OF BIRTH (month, day, year): May 3 1905

7. AGE: Years 29 Months 6 Days 03 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Chesterfield Va

FATHER

13. NAME: Watson Kirby

14. BIRTHPLACE (city or town) (State or country): Chesterfield Va

MOTHER

15. MAIDEN NAME: Elizabeth Nelson

16. BIRTHPLACE (city or town) (State or country): Chesterfield Va

17. INFORMANT: Geo. Smith
(Address) 32 W. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11/16 1934

19. UNDERTAKER: Samuel Easton
(Address) 916 Pennsylvania

20. FILED ... 19 ... Registrar.

NOV 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Nov 15 1934. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. L. Kirk M. D.
Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 06512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06512

2916

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16-01 Ward)

Length of residence in city or town where death occurred 25 yrs. 11 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Braman

(a) Residence: No. 2931 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary -

6. DATE OF BIRTH (month, day, year) 6/29/1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Setter Bros 66

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) West Va -

FATHER

13. NAME Thomas Braman

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Margaret Grant -

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 14th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 1934 to Nov 12 1934

I last saw h. living on Nov 12 1934. Death is said to have occurred on the date stated above, at 7:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	
Coronary thrombosis	(about 2 wks)
Myocardial insufficiency	(about 3-4 years ago)
Hypertension	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOT A COPY

K

M. D. P. 1268-9

F 06513

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06513

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2?-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Vogt

(a) Residence: No. 5106 Hartford Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Evelyn Hunt.

6. DATE OF BIRTH (month, day, year) June 21, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	04	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 5th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Internal Medicine

10. Date deceased last worked at this occupation (month and year) October, 1934

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Herman Vogt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cem Date 11/14 193?

19. UNDERTAKER Leonard J. Keogh
(Address) 5305 Harford Rd

20. FILED 193 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1934, to November 12, 1934

I last saw him alive on November 12, 1934. Death is said to have occurred on the date stated above, at 4. a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	4 days
Other contributory causes of importance:	
Edema of Brain	?

Name of operation None. Date of

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz M. D.

(Address) c/o Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NO

M. D. F. 1265

F 06514

M F 06514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

211

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp St., ... Ward)

Registered No. 6491

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Rubin

(a) Residence: No. 3910 Reisterstown Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Rubin

6. DATE OF BIRTH (month, day, year) ? 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Rubin

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jack Rubin (Address) 3910 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Nov 14 1934

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E Balto St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw ... alive on ... 19... Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Internal Injuries	

Other contributory causes of importance:

Motorcycle Accident

Name of operation Laparotomy Date of 11/12/34

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/11 1934

Where did injury occur? Reisterstown Rd & Violet Ave (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place street, accident

Manner of injury Struck by motorcycle while walking across street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph P. Kenny Coroner M. D.

(Address) 200 E. Madison St.

NOTIFY

M. D. WHEN FILED. WRITE LEGIBLY. ALL INFORMATION SHOULD BE GIVEN—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 (Rev.)

F 06515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06515

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-01 Ward)

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Allen

(a) Residence: No. 1605 Young's Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sophia (dead)

6. DATE OF BIRTH (month, day, year) Jan 2, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer 42

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Grace Allen

(Address) 1605 Young's alley

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date Nov. 14 19 34

19. UNDERTAKER Raymond Francis Wright

(Address) 1218 McCulloh St

20. FILED Nov 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1934 to Nov 9, 1934

I last saw him alive on Nov 9, 1934 Death is said to have occurred on the date stated above, at 9½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	10/4

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Phaget M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 06516

F 06516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 23

CITY OF BALTIMORE: (No. ..... St., 20-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frederick Letschin

(a) Residence: No. 2533 Hollins st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Letschin

6. DATE OF BIRTH (month, day, year) Feb. 11, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookbinding

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 064

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Adolf Letschin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Klemmer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 16 1934

19. UNDERTAKER George L. Lehmat

(Address) 2101 Pennsylvania Ave.

20. FILED NOV 14 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13 1934

22. I HEREBY CERTIFY, That I attended deceased from October 31 1934 to November 13 1934

I last saw him alive on November 13 1934. Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1918

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06517

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06517

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3537 Belair Road St. 76-8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Baynes

(a) Residence: No. 3537 Belair Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William D. Baynes

6. DATE OF BIRTH (month, day, year) March 12 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	8	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robt. E. Bombarger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Frances Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Charles M. Donnelly

(Address) 3537 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Am. Date 11/16/34 19

19. UNDERTAKER George W. Zirkle

(Address) 1737 E. Eager St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12 . 1934

22. I HEREBY CERTIFY, That I attended deceased from August 7th 1934 to Nov 12 . 1934

I last saw h alive on Nov 11 1934 Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Hemorrhage
& Pulmonary Abscess

Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis
& Diabetes Mellitus

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19 .

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Edward Zirkle . M. D.

(Address) 471 Hollywood Road

11/13/34

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 06518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06518

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Union Memorial Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 25-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret M Botts

(a) Residence: No. 2922 Silver Hill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Botts

6. DATE OF BIRTH (month, day, year) March 13 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Frederick Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Higgins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Robert Botts

(Address) 2922 Silver Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Nov 16. 1934

19. UNDERTAKER Geo W Sittle

(Address) 2700 Edmondson Ave

21. [illegible] 19[illegible] Registrar.

NOV 14 1934 [illegible] 2043

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-20 1934 to 11-13 1934

I last saw her alive on 11-13 1934. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	10-8-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James S. Hecht M. D.

(Address) Union Mem Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 06519

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06519

CERTIFICATE OF DEATH

94-002

Registered No. 1-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wiktoria Dora Wujek

(a) Residence: No. 311 S. Collington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Antoni Wujek

6. DATE OF BIRTH (month, day, year) May 20/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Warsaw Poland

FATHER

13. NAME Father Ozazenski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME KatherineMajewska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frank Wujek (son)
(Address) 311 S. Collington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov 15 1934

19. UNDERTAKER Fred W. Czarnecki
(Address) 1420 East Fayette St

20. FILED Nov 17 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 11/34

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
(Coronary Thrombus)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Bacon Coroner, M. D.

(Address) 508 E. Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06520 06520

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wesley E Elliott

(a) Residence: No. 1218 St James St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora

6. DATE OF BIRTH (month, day, year) Dec 16, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fayetteville N. C.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Fayetteville N. C.

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Fayetteville N. C.

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 11/14 1934

19. UNDERTAKER Bernard P Hensley (Address) 618 Lanvale St

20. FILED 1934 Registrar.

NOV 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1933 to Nov 12 1934

I last saw him alive on Nov 12 1934 Death is said to have occurred on the date stated above, at 9.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C. R. S. Syphilis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I P Trasell M. D.

(Address) Balt City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

06521 HEALTH DEPARTMENT—CITY OF BALTIMORE

B 06521

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. 30-01 St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. James H. Bruchey

(a) Residence: No. 2109 Boyd St., Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Lilly Jane Bruchey

6. DATE OF BIRTH (month, day, year): January 4, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Mr John F. Bruchey

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

MOTHER

15. MAIDEN NAME: Martha McCay.

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland.

17. INFORMANT: Mr. Edgar D. Bruchey
(Address) 2109 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Nov. 15 1934

19. UNDERTAKER: Joseph H. Cook
(Address) 1003 E. Baltimore St.

Huntingdon Valley, Pa.
Registrar.

NOV 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/12/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/5/34 . 19 . to 11/12/34 . 19 .

I last saw him alive on 11/12/34 . 19 . Death is said to have occurred on the date stated above, at p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphatic Leukemia.	
Duration of Symptoms=6 weeks.	

Other contributory causes of importance:

Name of operation: ; Date of

What test confirmed diagnosis? Blood Smear Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Gottheil M. D.

(Address) Church Home & Infirmary

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268 F 06522 F 06522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 Vine Alley St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Rustin

(a) Residence: No. 755 Vine Alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME [illegible] Russell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Cora Rustin

(Address) 448 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Cem. Date 11-15 1934

19. UNDERTAKER Frances A. Hemsley

(Address) 578 N. Biddle St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV. 12 1934

22. I HEREBY CERTIFY, That I attended deceased from June 29 1933 to NOV. 12 1934

I last saw h alive on NOV. 8 1934 Death is said to have occurred on the date stated above, at 10:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?
	4

Other contributory causes of importance:

Arterio-sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edw. M. Healey M. D.

(Address) 1230 Druid Park Dr

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. D. No. 06523

F 06523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 5-01 St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Adams

(a) Residence: No. 628 N. Eden St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 23, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Leroy

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Myrtle —

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Nov. 15 . 1934

19. UNDERTAKER Robt. E. Williams

(Address) 1513 W. Lafayette Ave

20. FILED 19 By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26 . 1934 to Nov. 10 . 1934

I last saw him alive on Nov. 10 . 1934 Death is said to have occurred on the date stated above, at 7:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1934

Other contributory causes of importance:

Name of operation Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Balto. City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06524

06524

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 803 Harlem St. 21-24 WARD)

2-FULL NAME James E. Hammond

(a) RESIDENCE NO. 803 Harlem Av ST. WARD

(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mail	Colored	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Annie Hammond

6 DATE OF BIRTH (month, day, and year) 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
62				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Florist

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Maryland

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER George Hammond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Un known

12 MAIDEN NAME OF MOTHER Lewis Mathewine

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Un known.

14 Informant Annie Hammond

(Address) 803 Harlem.

15 Filed NOV 14 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 1934

17 I HEREBY CERTIFY, That I attended deceased from June 4th, 1934 to Nov-13-1934

that I last saw h[illegible] alive on Nov-13-1934

and that death occurred, on the date stated above, at 3.2 m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Renal Disease

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) Ethanstrum

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) S B Hughes M. D.

Nov. 13 1934 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn DATE OF BURIAL Nov 16 1934

20 UNDERTAKER Elroy O Wilson ADDRESS Pen Branch

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1938-9 F 06525 F 06525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. President Hospital 3-01 St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Earl M Vaughan

(a) Residence: No. 140 W Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Oct 6 - 1931

7. AGE: Years 3 | Months 1 | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Carlton Vaughn
14. BIRTHPLACE (city or town) (State or country): Cambridge Md

MOTHER
15. MAIDEN NAME: Hilda Bailey
16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Hilda Vaughn
(Address): 140 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Zion Cem Date: 11/13 1931

19. UNDERTAKER: Walter B. Sprigg
(Address): 1397 Hanover St.

20. FILED: NOV 14 1931
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 11 1931

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident 2nd degree Burns.	11 Days

Other contributory causes of importance:

Can Hot water fell on body

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external cause (violence) state briefly the following:
Accident, suicide, or homicide? Accident Date of injury Oct 31 1931
Where did injury occur? 140 W Hamburg
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Hot water fell on body
Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H E Lush Coroner M. D.
(Address)

N. B.—WRITE LEGIBLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Clark

(a) Residence: No. 121 Cloverdale Rd. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/20/53

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind —

MOTHER FATHER

13. NAME Louis Clark Sr.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ellis Parker

16. BIRTHPLACE (city or town) (State or country) Ind —

17. INFORMANT Friends —

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Nov 15 1934

19. UNDERTAKER U. A. Brookes

(Address) 1463 N. Carey St

20. FILED Nov 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1934 to Nov. 12 1934

I last saw h[illegible] alive on Nov 12 1934 Death is said to have occurred on the date stated above, at 1 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	10-20-34
Miliary tuberculosis	2
Other contributory causes of importance:	
Meningococcus meningitis	10-6-34

Name of operation None Date of —

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis L Schwartz M. D.

(Address) John Hopkins Hospital

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06527

F 06527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 Gough St St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie A Sloman Emerson

(a) Residence: No. 2029 Gough St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Sloman

6. DATE OF BIRTH (month, day, year) Aug 7 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	57	2	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Andrew Wm Kaufman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Eliz Wade

16. BIRTHPLACE (city or town) (State or country) Elizabeth City N Carolina

17. INFORMANT Julia Scharlock

(Address) 1544 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Govt Redeemer Date Nov 16 1934

19. UNDERTAKER Martin W. E. Dippel

(Address) 37 S. Amity St.

20. FILED NOV 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1934 to Nov 13, 1934

I last saw him alive on Nov 12, 1934. Death is said to have occurred on the date stated above, at 6:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	June
	May
	1934

Other contributory causes of importance:

Name of operation Exploratory Incision Date of May 1934

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jos. A. Stevens, M. D.

(Address) 2228 Harford Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 17 (1934) F 06528

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06528

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1806 W Saratoga St., 20-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jane Jones.

(a) Residence: No. 1806 W. Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Richard S. Jones

6. DATE OF BIRTH (month, day, year) June 29, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm H. Shipley

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Jane Ennis

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Carrie S. Landstreet

(Address) 1806 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem. Date Nov 15 1934

19. UNDERTAKER Wm Hicking Sons

(Address) Nov 12 & Pennsylvania

20. FILED NOV 13 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1934 to Nov. 12, 1934

I last saw h[illegible] alive on Nov. 12 1934. Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis. — Date of onset: .....

Other contributory causes of importance: Chr. myocarditis.

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) George E. Cannon, M. D.

(Address) 122 N. Fulton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1568-3

F 06529

F 06529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4219 Belmar Ave 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ephraim Frank T. Thomas

(a) Residence: No. 4219 Belmar Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Claudia M. Thomas

6. DATE OF BIRTH (month, day, year) Dec. 10, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John F. Thomas

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

MOTHER

15. MAIDEN NAME Louise E. Peters

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Mrs. Claudia M. Thomas

(Address) 4219 Belmar Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Nov. 14 1934

19. UNDERTAKER Wm. Hickey & Sons

(Address) North & Paves.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1934 to Nov 12 1934

that I last saw him alive on Nov 12 1934 Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Angina Pectoris	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Eustace G. Mist, M. D.

(Address) 6801 Belair Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-0

F 06530

06530 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 Washington Blvd St., 21-6 Ward)

Length of residence in city or town where death occurred 8 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dyiana E Knauff

(a) Residence: No. 1137 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer B Knauff

6. DATE OF BIRTH (month, day, year) Nov 1 - 1828

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 827

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Alfred Cooper.

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret —

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elmer B Knauff
(Address) 1137 Ware Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk Date 11/15 193

19. UNDERTAKER Edward Loudon
(Address) 2359 Wash Blvd

20. FILED 1934 Hunter Williams, Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/12 19 34

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 193 3 to Nov 12 19 34

I last saw h alive on 11/12 19 34 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	1 Yr
	6 Mo

Other contributory causes of importance:

Arteriosclerosis	1 Yr

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Benjamin Mueller M. D.

(Address) 2030 Wilkens Ave

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06530

M. D. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06531

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts. St. 12-G (Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank R. P. Brooke

(a) Residence: No. Homewood Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single-

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) Oct. 5, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Franklin E.P. Brooke

14. BIRTHPLACE (city or town) (State or country) Ohio.

MOTHER

15. MAIDEN NAME Harriet O. Montsarrat

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Wm. D. Jones

(Address) Wyman Park Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 11/15/34

19. UNDERTAKER John O'Mitchell's Sons

(Address) 1900 Eutaw Place

20. FILED 11/14/1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from NOVEMBER 4th, 1934, to NOVEMBER 12th, 1934

I last saw him alive on NOV. 12th, 1934. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO-PNEUMONIA (FOLLOWING HEAVY COLD)	Nov 4th

Other contributory causes of importance:

VERY SEVERE SINGULTUS

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thomas L. Sheary, M. D.

(Address) 3801 N. Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06532

HEALTH DEPARTMENT—CITY OF BALTIMORE

06532

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2419 Banger St. 25-01 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Wilbur Parker

(a) Residence: No. 2419 Banger St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Christina Parker

6. DATE OF BIRTH (month, day, year) Dec. 9-1876.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Parker

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Jane Magaha

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Christina Parker
(Address) 2419 Banger St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date Nov. 16 1934

19. UNDERTAKER George F. Smith
(Address) Lexington Place

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Nov 13 1934
Other contributory causes of importance: Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Joseph L. Valentine, M. D. Coroner

(Address) 16 South Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. B. 1268-9

E 06533

HEALTH DEPARTMENT—CITY OF BALTIMORE

06533

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3434 Chestnut Ave 13-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Washington

(a) Residence: No. 3434 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia A Washington

6. DATE OF BIRTH (month, day, year) Aug 17, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Noah Washington

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Bessie P Lone
(Address) 1308 W 4th St

18. BURIAL, CREMATION, OR REMOVAL
Laurel Lodge Date NOV 15, 1934

19. UNDERTAKER Cunningham Son
(Address) 3365 Chestnut Ave

20. FILED Registrar. NOV 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1934 to November 12, 1934

I last saw h-- alive on November 12 1934 Death is said to have occurred on the date stated above, at 9-15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage.	Nov 9
Other contributory causes of importance: Pulmonary edema.	Nov 12

Name of operation — Date of

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm A Smith, M. D.

(Address) 3429 Chestnut Ave

State File No. 2 [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06534

B 06534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5410 Reisterstown Rd 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E. Wade

(a) Residence: No. 5410 Reisterstown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE~~ of) Anne T. Wade

6. DATE OF BIRTH (month, day, year) April 20th 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Helwig Leitch Co

10. Date deceased last worked at this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Thomas T. Wade

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Catherine T. Burrows

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Anne T. Wade

(Address) 5410 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 15 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED ..... 12..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10th 1934 to Nov 13th 1934

I last saw him alive on Nov 13th 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Interstitial Nephritis	Unknown
Other contributory causes of importance:	
Bronchitis & Oedema	2 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. D. Lenox M. D.

(Address) 4936 Park Hgts. Ave

Instructions should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06535

131

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St. 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ivy B. [redacted] (Geoghegan)

(a) Residence: No. 4252 Nicholas Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced BUSBAND of (or WIFE) Geoghegan M. Madelyn [redacted]

6. DATE OF BIRTH (month, day, year) Jan 24 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36 36	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Cabel man for Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railway + Elec Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co md

FATHER

13. NAME Benjamin F Geoghegan

14. BIRTHPLACE (city or town) (State or country) Dorchester Co md

MOTHER

15. MAIDEN NAME Verdie B McNamara

16. BIRTHPLACE (city or town) (State or country) Dorchester Co md

17. INFORMANT Mrs Mary Madeline Geoghegan

(Address) 4252 Nicholas Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Nov 16 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED NOV 14 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12 1934

22. I HEREBY CERTIFY, That I attended deceased from October 18 1934 to November 12 1934

I last saw h[redacted] alive on November 12 1934 Death is said to have occurred on the date stated above, at 9.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Chronic nephritis	

Other contributory causes of importance:

1. Cerebral vascular accident (hemorrhage in right lateral ventricle)

Name of operation Date of

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Wagner Ellis M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 14 1934

M. D. P. 1268-9

F 06536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06536

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton ave St. 25-01 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ada Fitzpatricke

(a) Residence: No. St Agnes Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1934

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Athlone Ireland

MOTHER

15. MAIDEN NAME Ellen Winter

16. BIRTHPLACE (city or town) (State or country) Sheffield England

17. INFORMANT Katie Sisk

(Address) Portland, Me.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 16, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED NOV 17 1934 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1934 to November 13, 1934

I last saw her alive on November 13 1934 Death is said to have occurred on the date stated above, at 9 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	11/8
Broncho Pneumonia	11/10
Myocardial Failure	11/12

Other contributory causes of importance:

Obesity.

Name of operation Freeing of Adhesions Date of 11/8

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, In home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl C Siebel, M. D.

(Address) St Agnes Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-9

F 06537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06537

92-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1915 Park ave St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J. Mc Intyre

(a) Residence: No. 1915 Park ave St. N Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James J. Mc Intyre

6. DATE OF BIRTH (month, day, year) Oct 26-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME James Mc Intyre

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mc Cort

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Mc Intyre

(Address) 1915 Park ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 15, 1934

19. UNDERTAKER Martin Fabert & Sons

(Address) 1918 Park ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-12-34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D. Coroner

(Address) 1915 Poland ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 14 1934

M. D. P. 1268-9

F 06538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06538

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 W. Randall St., 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 6 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helena K. Dunhoff

(a) Residence: No. 102 W. Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Charles A. Dunhoff.

6. DATE OF BIRTH (month, day, year) April 28 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John Reip.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Kunegunda Miller

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mr. Geo M. Dunhoff.
(Address) 1123 Cleveland Ave

18. BURIAL, CREMATION, OR REMOVAL Holy Cross a a Co Date 11/15 1934

19. UNDERTAKER E. & R. Harlan
(Address) 115 E. 32nd St

20. FILED NOV 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1934 to Nov 12 1934

I last saw h alive on Nov 12 1934 Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy.	
Arteriosclerosis, & hypertension	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) John A. Schnepfe M. D.

(Address) 1337 S. Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06539

06539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1412 Patapsco St. 23-01 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline E. Ullmann.

(a) Residence: No. 1412 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anton. Ullmann.

6. DATE OF BIRTH (month, day, year) July 24th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	3	2120	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

MOTHER FATHER

13. NAME ? Kragl

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Miss Edith Ullmann

(Address) 1412 Patapsco St

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Date 11/17 1934

19. UNDERTAKER Ed B Hurtz

(Address) 115 E 23rd St

20. FILED ..... 19 ..... Registrar.

NOV 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from August 28 1934 to Nov 14 1934

I last saw h[illegible] alive on Nov 14 1934. Death is said to have occurred on the date stated above, at 5:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Carcinoma of the Stomach. Abdominal Exploration

Name of operation ..... Date of 8/28/34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John A. Schreuth M. D.

(Address) 133 S. Charles St

M. D. P. 1268-9

F 06540

06540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N Patterson Park ave St., 2nd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred N yrs. — mos. — da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George B. Tall

(a) Residence: No. 209 N Patterson Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillie R. Tall

6. DATE OF BIRTH (month, day, year) aug 11 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Anthony Tall

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Elizabeth Grover

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Mrs Lillie R. Tall
(Address) 209 N Patterson Park ave

18. BURIAL, CREMATION, OR REMOVAL Heat
St Paul's R. C. Church
Calvert Co. Md Date Nov 17 1934

19. UNDERTAKER Chas. S. Black
(Address) 742 W. Fayette ave

20. FILED NOV 14 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1934 to Nov. 12, 1934

I last saw him alive on Nov 12, 1934 Death is said to have occurred on the date stated above, at 5:35 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Myocarditis (cardiac dilatation)	Nov. 12
Other contributory causes of importance:	
Acute Bronchitis	Sept 11

Name of operation none Date of

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Joseph Jaubert M. D.

(Address) 449 S. Ellwood Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible]

F 06541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06541

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lula Matthews (McCuston)

(a) Residence: No. 229 Cove Alley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John (Jay)

6. DATE OF BIRTH (month, day, year) August 0, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Sample

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Hack

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Regards (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Nov 16, 1937

19. UNDERTAKER Mrs Katie R Williams (Address) 3222 Eutaw St

20. FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1937 to Nov 13, 1937

I last saw h[illegible] alive on Nov 13, 1937. Death is said to have occurred on the date stated above, at 8½ A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intraventricular (cerebral) hemorrhage	5 wks ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) East City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1949 F 06542 F 06542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hosp St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harley Denby

(a) Residence: No. 676 W. Redwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Samuel

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Victoria

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Lebanon Date Nov 15, 1934

19. UNDERTAKER Mr Katen R Williams (Address) 322 N Schroeder st.

20. FILED — 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934 to Nov 12, 1934

I last saw him alive on Nov 12, 1934 Death is said to have occurred on the date stated above, at 2 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	8 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I P Hazell M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

NOT A PHOTOCOPY

M. D. R. 1268-9

F 06543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06543

CERTIFICATE OF DEATH

1997

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 135 S. Bond St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Lebowitz

(a) Residence: No. 135 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Lebowitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ethel —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Morris Lebowitz
(Address) 2213 Pressbury st

18. BURIAL, CREMATION, OR REMOVAL
Mar... Henry Run Date Nov. 15, 193[illegible]

19. UNDERTAKER Sol Levinson & Bro
(Address) 1217 E Balto st

20. FILED NOV 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from June - 14 -, 1934 to Nov - 14 -, 1934
I last saw him alive on Nov - 14 -, 1934 Death is said to have occurred on the date stated above, at 10 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Arterio Sclerosis	not known

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? non Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1934

F 06544

F 06544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 1743 Jefferson. St 6-01 WARD)

2 FULL NAME Clarence Jackson

(a) RESIDENCE NO. 1743 Jefferson. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1934

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colord	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) April 8 1910

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24	25	April 7	1	

8 OCCUPATION OF DECEASED Labor

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore city Md.

PARENTS

10 NAME OF FATHER Charles W. Jackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Lillie Kelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Charles W. Jackson
(Address) 1743 Jefferson St

15 Filed , 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-14-34

17

I HEREBY CERTIFY, That I attended deceased from 9-16-34, 1934 to 11-14, 1934

that I last saw him alive on 11-13, 1934

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Tuberculosis of Lungs

(duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Same

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 611 N. Arlington

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Cemetery

DATE OF BURIAL Nov 17 1934

20 UNDERTAKER Edward Bryan

ADDRESS 1681 Orleans

M. D. B 1268-9

F 06545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06545

CERTIFICATE OF DEATH

1186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Murray

(a) Residence: No. 1914 Frederick Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie Murray

6. DATE OF BIRTH (month, day, year) Oct 13 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44		24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sec 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John Murray Sr.

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Alice Cunigan

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Jessie Murray

(Address) 1914 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Date Nov. 16 1934

19. UNDERTAKER Towell & Byers

(Address) 2224 E Monument Ave

20. FILED Nov 9 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 7 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
accidental Fall	
Other contributory causes of importance: Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Nist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury Nov 7 1934

Where did injury occur? Warner St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Fell on Street

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. P. Herzog M.D. Coroner M. D.

(Address) 1305 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OVER

M. D. B. 1938-9 F 06546

F 06546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-00.3

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 7000 Eaton Ave. St. 12-01 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doctor John Henry Callenberg

(a) Residence: No. 3101 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Callenberg

6. DATE OF BIRTH (month, day, year) May 7 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 10 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Theodor Callenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Koch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry F. Callenberg
(Address) 114 Chesterfield Road

18. BURIAL, CREMATION, OR REMOVAL
Place Garrison Cem. Date Nov 15 1934

19. UNDERTAKER Lorin Wilmot
(Address) 200 Edmondson Ave

20. FILED NOV 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Nov. 13 1934

I last saw him alive on Nov 13 1934. Death is said to have occurred on the date stated above, at 1 00 p m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Hypertension & Arterio-sclerosis myocardial degeneration	(?)
Other contributory causes of importance: Cerebral Hemorrhages	dec'd, 1932 (?)
Inguinal herma	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carl C. Parker M. D.

(Address) St. Agnes Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B 1268-9

Elijah Robinson

06547 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 06547

X V 45

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave 25-01 St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliga Robinson

(a) Residence: No. Route 5, Kershaw, S. C. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Queen V. Robinson

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Dr Agnus Hooft

(Address)

18. BURIAL, CREMATION, OR REMOVAL L.G. Place Kershaw Date Nov 16 34

19. UNDERTAKER Dennis Easton

(Address) 416 Pa ave.

20. FILED [illegible] Registrar

NOV 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13-34, 19

22. I HEREBY CERTIFY, That I attended) deceased from Nov. 7. 1934 to November 13. 1934

I last saw him alive on November 13 1934 Death is said to have occurred on the date stated above, at 6 58 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Mouth.	2 yrs
Metastasis to Neck	7 Months
Cardiac Failure	11/13/34
Other contributory causes of importance:	
Shock	11/13

Name of operation Excision of Glands Date of 11/13

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Peschau, M. D.

(Address) St Agnes Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. R. 1268-9

F 06548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William A. Colbert

(a) Residence: No. 323 S. Fremont Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lola Colbert

6. DATE OF BIRTH (month, day, year) Born Nov 22, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D. C

FATHER

13. NAME John Colbert

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Letitia ——

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs L. Colbert

(Address) 323 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov. 16, 34

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

MOM 51034 Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	11/13/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Gregory Kellert M. D. Coroner

(Address) 739 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1248-9

06549

HEALTH DEPARTMENT—CITY OF BALTIMORE

06549

CERTIFICATE OF DEATH

106-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Granby St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jacob Kitai

(a) Residence: No. 1000 Granby St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced! HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Rubin S. Kitai

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Katie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Yetta Levy

(Address) 1000 Granby st

18. BURIAL, CREMATION, OR REMOVAL

Place Lebanon Southern ave Date Nov. 15. 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto st

20. FILED NOV 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1934 to Nov. 12 1934

I last saw h[illegible] alive on Nov. 12 1934 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Bronchitis

Date of onset

Other contributory causes of importance:

Arthritis

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — 19

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. G. Gruber M. D.

(Address) 19 E. Fayette st

M. D. R. 1268-9

06550 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-800 ✓ F 06550

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 E Baltimore St. 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannah Bernhardt.

(a) Residence: No. 1026 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Samuel

6. DATE OF BIRTH (month, day, year): 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Philip Gale

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rachel Leah

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Philip Bernhard
(Address) 1026 E Balto st

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Cem Date 11/16, 1934

19. UNDERTAKER: S. Levinson's Bro
(Address) 1127 E Balto St

20. FILED ... 1934 ... Registrar.

NOV 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June ..., 1934, to Nov 15 ..., 1934.

I last saw h. alive on Nov 14, 1934. Death is said to have occurred on the date stated above, at 2.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac dilatation	Nov 15 1934
Other contributory causes of importance:	none
acute Coronary Occlusion	May 1934

Name of operation: None. Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) D. C. Feldman, M. D.

(Address) 1420 E Balto St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06551 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06551

CERTIFICATE OF DEATH

146

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1209 W. Franklin St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha L. Stewart

(a) Residence: No. 1209 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced (or) WIFE of Jacob Stewart

6. DATE OF BIRTH (month, day, year) Aug 5 - 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1899 35 45	August	8 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Minnie Patterson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Minnie Holly (Mother)

(Address) 1209 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date Nov 17 - 1934

19. UNDERTAKER Lottie Evans

(Address) 1408 Ashland Ave

20. FILED NOV 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1934 to Nov 13 1934

I last saw h e alive on Nov 13 1934. Death is said to have occurred on the date stated above, at 5-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Rectum	Aug 1934

Other contributory causes of importance:

Name of operation Colostomy + Caecostomy Date of Aug 1934

What test confirmed diagnosis? Clinical + Path Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R J Young M. D.

(Address) 14 [illegible]

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

F 06552

Spec.—1-10-21—M & T—1500 Blks.

F 06552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

48

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3714 Fairhaven Ave. (ST.) 25-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mary K. Nosek (NOSSICK)

(a) RESIDENCE NO. 3714 Fairhaven Ave. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas Nosek

6 DATE OF BIRTH (month, day, and year): Not known

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	—	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: housework 037

(b) General nature of industry, business, or establishment in which employed (or employer): at home

(c) Name of employer: - - - - -

9 BIRTHPLACE (city or town) (State or country): Baltimore, Md.

PARENTS

10 NAME OF FATHER: Peter Baroch

11 BIRTHPLACE OF FATHER (city or town) (State or country): Austria

12 MAIDEN NAME OF MOTHER: Mary Kaiser

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Austria

14 Informant (Address): Thomas Nosek 3714 Fairhaven Ave.

15 Filed NOV 15 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 14, 34

17 I HEREBY CERTIFY, That I attended deceased from Feb. 21, 1934 to Nov. 14, 1934

that I last saw her alive on Nov. 13, 1934

and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of uterus and appendages

(duration) — yrs. 8 mos. 22 ds.

CONTRIBUTORY (Secondary)

(duration) — yrs. — mos. — ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? p. f.

(Signed) Harry Deibel M. D.

11/15 1934 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer

DATE OF BURIAL: Nov 17 19 34

20 UNDERTAKER: Frank Evans Auton

ADDRESS: 1906 Ashland

N B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

NOV 15 1934

K

M. D. F. No. F 06553

F 06553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. J-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Rachubinski (B)

(a) Residence: No. 314 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 13, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 day	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —0—

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Melvin Rachubinski

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rosalie Gryglicka

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Nov 15 1934

19. UNDERTAKER F. W. Grazewski
(Address) 1930 Eastern Ave

20. FILED NOV 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/14/34 19

22. I HEREBY CERTIFY, That I attended deceased from 11-13-34, 19, to 11-14-34, 19

I last saw her alive on 11-14-34, 19. Death is said to have occurred on the date stated above, at 6:07 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 months).	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) Mercy Hospital

M. D. B 1268-0

F 06554 HEALTH DEPARTMENT—CITY OF BALTIMORE M F 06554

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. 1 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Maximov

(a) Residence: No. Oak Park Arlutus A.A Co. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magdalina Maximov

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary.

FATHER

13. NAME Michael Maximov Sr

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Magdalina Maximov

(Address) Oak Park Arlutus, A.A.Co.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

20. FILED 19 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 . to 19

I last saw h alive on Nov. 19 . Death is said to have occurred on the date stated above, at 6.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Base of Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11 13 1934

Where did injury occur? Washington Blvd nr. Ridgefield (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking along the road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 222 E Madison St

M. D. F 06555

F 06555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20-01 E. Edmondson Ave. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Kornmann (KORNMANN)

(a) Residence: No. 20-19 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (last) WIFE of Augusta Kornmann

6. DATE OF BIRTH (month, day, year) April 14/1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
—	—

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Henry Kornmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Uhlemann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo. Fred. Kornmann
(Address) 20-19 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 15, 1934

19. UNDERTAKER F. B. Hickert & Son
(Address) 1300 Eutaw Place

20. FILED ... 19... Registrar.

NOV 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-13-1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934 to Nov 13, 1934

I last saw him alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 9.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis (uremia) — (Nov 4-)	4 days
Cardio-vascular-Renal disease.	2 yrs.
Other contributory causes of importance:	
Empty sella	2 yrs.
arterio-sclerosis	2 yrs.

Name of operation — Date of —

What test confirmed diagnosis? usual phys. exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Hans F. Krumbein, M. D.

(Address) 722 N. Kenwood Ave

Spec.—2-29-28—L. F. S.—500 Bks.

F 06556

F 06556 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06556

CERTIFICATE OF DEATH

93-003

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 901 Aisquith Street ST. 10-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sr. Loricata Graf

(a) RESIDENCE NO. Convent of Notre Dame ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 3, 1853

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	4	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Srs. of Notre Dame

9 BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

PARENTS

10 NAME OF FATHER Mathias Graf

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Barbara Haessler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sisters of Notre Dame

(Address) 901 Aisquith Street

15 Filed Nov 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 14th 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1934, to Nov. 14, 1934, that I last saw h er alive on Nov. 12, 1934 and that death occurred, on the date stated above, at 8.30 A. M. m.

The CAUSE OF DEATH* was as follows:

Pneumonitis.
Debility.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. E. Assoff M. D.

, 19 (Address) 2347 W. North Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rock Cliff Mod.	Nov. 16 1934
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St

S. B.—WRITE PLAINLY, WITH UNFADING INK.—This is a LEGAL DOCUMENT and should be made out with care. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 06557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06557

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Union Memorial Hospital 9-01 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Kline

(a) Residence: No. 3114 Ellerslie Ave, City St., ... Ward. (parents address)
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: 0

6. DATE OF BIRTH (month, day, year): 11-13-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0	6 months	premature	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year): 0

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Union Memorial Hosp Baltimore, Md

FATHER

13. NAME: Mr Louis E. Kline

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Mrs Louis E. Kline

16. BIRTHPLACE (city or town) (State or country): N. C

17. INFORMANT: Mother, 3114 Ellerslie Ave, City
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Pathology Dept U M Hosp Date: 11-13, 1934

19. UNDERTAKER: 0
(Address)

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-13-34, 19..., to 11-13-34, 19...

I last saw him alive on 11-13, 1934. Death is said to have occurred on the date stated above, at 7.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6 mos.

Other contributory causes of importance:

unknown	

Name of operation: 0 Date of: —

What test confirmed diagnosis? Xray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Howell Y. Stout, M. D.

(Address) Union Memorial Hosp

M. D. B. 1268-9

F 06558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06558

CERTIFICATE OF DEATH

X V 51

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave St. 7-5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Hitselberger

(a) Residence: No. 146 Clyde Ave Lansdowne Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Carrie V. Hitselberger

6. DATE OF BIRTH (month, day, year) July 23, 1866

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
68 yrs.	2	21	22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter for Self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 650

10. Date deceased last worked at this occupation (month and year) Sept. 1938

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John A Hitselberger

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Laura J. Morgan

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Jenkins Memorial Hosp.
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Nov. 17 19 38

19. UNDERTAKER Joseph Koob
(Address) 1007 W. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14th 1938

22. I HEREBY CERTIFY, That I attended deceased from September 24 1938 to November 14th 1938

I last saw him alive on November 14 1938 Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	Jan 1, 1934
Cachexia & Anemia	Aug 1, 34
Bony & Local metastases	" "
Cystitis	" "

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carl C Diehl M. D.

(Address) 34 Rose Hos

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Adolph C. Hoffman

HEALTH DEPARTMENT—CITY OF BALTIMORE

P 06559

CERTIFICATE OF DEATH

P 06559

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1622 Hollins St. St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adolph C. Hoffmann

(a) Residence: No. 1622 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret M. Hoffmann

6. DATE OF BIRTH (month, day, year) June 23-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Hoffmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Margaret Hoffmann

(Address) 1622 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Nov. 16 19 34

19. UNDERTAKER George F. Schwatka

(Address) 2101 Frederick Ave.

20. FILED Nov 21 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 19 34

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 13 1934
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Wolstenholme M. D.
Coroner

(Address) 16 South Broadway

M. D. B. 1268-9—WHITE LABEL, WITH CANADIAN PINK—THIS IS A PERMANENT RECORD—Entries must be made in PERMANENT INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 8 6

M. D. R. 1268-9

06560

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06560

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 111 E. Fort Ave. St., 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Lucas

(a) Residence: No. 111 E. Fort Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie A. Lucas

6. DATE OF BIRTH (month, day, year) Aug. 28 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. John V. Lotz

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George W. Lucas

14. BIRTHPLACE (city or town) (State or country) Princess Anne

MOTHER

15. MAIDEN NAME Maggie A. Carr

16. BIRTHPLACE (city or town) (State or country) Calvert Co.

17. INFORMANT Mrs. Katie A. Lucas
(Address) 111 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Mem. Date Nov 17 1934

19. UNDERTAKER S. Fenn McCully
(Address) 130 E. Fort Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to Nov. 15 1934

I last saw h in alive on Nov 15 1934. Death is said to have occurred on the date stated above, at 6.30 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset ...
Arteriosclerosis
Chronic nephritis
Terminal Anemia

Other contributory causes of importance:

Chronic myocarditis
Cardiac hypertrophy + dilatation
Enlarged Prostate

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Walter John ... M. D.

(Address) 102 E. Fort Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully answered. If information is not supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1934

M. D. B. 1268-9

F 06561

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06561

CERTIFICATE OF DEATH

146

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Louis Bennett

(a) Residence: No. 840 Koenig St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Lena Bennett

6. DATE OF BIRTH (month, day, year) 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cattle Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME W. K.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME W. K.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Bennett
(Address) 840 Koenig st

18. BURIAL, CREMATION, OR REMOVAL
Place Henry Rom Date 11-16-34

19. UNDERTAKER Jack Lewis Inc
(Address) 1739 E. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-2 1934 to 11-15 1934

I last saw him alive on 11-14 1934 Death is said to have occurred on the date stated above, at 2 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - stomach (c)	2-27-yr.
Anaemia - secondary	" "

Other contributory causes of importance:
Generalized metastases c ascites.

Name of operation Splenectomy Exploratory Date of 11-5-34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Bernard W. Rallod, M. D.

(Address) Sinai Hospital

NOV 15 1934

M. D. P. 1268-9

F 06562

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06562

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 25-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Rosen

(a) Residence: No. 331 Fairfield Ave, Fairfield, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Joseph Berman (Stepson)

(Address) 128 Jackson Place

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt Carmel Date 11-15- 1934

19. UNDERTAKER Jack Lewis Jr

(Address) 1329 E Balto St

20. FILED 11-15-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 10.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-fractured Sternum,	
3rd Lumbra Vertebra & 3rd & 4th Costal Cartilages	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 14/34

Where did injury occur? Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place fell from rear roof of 1721 E. Balto St-while repair-

Manner of injury ing roof.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.
Coroner

(Address) 1056 Fremont Ave

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06563

06563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 N. Kenwood St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Barbara Krueger

(a) Residence: No. 1437 N Kenwood St., 6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 24 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Conrad Rehbein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothy Bedacht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Fuchart

(Address) 1437 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Nov 16 1934

19. UNDERTAKER Lilly & Wilson

(Address) 403 E Fayette

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1934 to Nov 13 1934

I last saw her alive on Nov 13 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 Yr
Other contributory causes of importance:	
Cerebral Hemorrhage	4 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward L Cook M. D.

(Address) 4130 Hopkins Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks

F 06564

F 06564 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2310 Mayfeild Ave. St 8-01 Ward)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Elizabeth A. Elberth.

(a) RESIDENCE NO. 2310 Mayfeild Ave. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White.	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Michael M. Elberth.

6 DATE OF BIRTH (month, day, and year) June 4, 1883

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House wife. at home.

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Valentine Behr

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Anna Chane.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md.

14 Informant Michael M. Elberth (Hus.)
(Address) 2310 Mayfeild Ave.

15 Filed NOV 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 13/34

17

I HEREBY CERTIFY, That I attended deceased from Sept 1-34, 19 , to Nov. 13-34, 19

that I last saw h alive on Nov. 13-34, 19

and that death occurred, on the date stated above, at 7/15 Am.

The CAUSE OF DEATH* was as follows:

Carcinoma Liver & Gall Bladder.

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Hx of Carcinoma Breast

(duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) E. H. Heurman M. D.

Nov 15/34 19 (Address) 2913 E. Baltimore St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Sacred Heart Cem.

DATE OF BURIAL Nov 16 1934

20 UNDERTAKER Tully & Tarleton.

ADDRESS 405 N Mott St.

WHITE PEAVEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Coc.—10-10-29—A Co.—100 Bks.

F 06565

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06565

CERTIFICATE OF DEATH

× 92-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. Pimlico Race Track, Belvedere Ave. Side - Baltimore, Md., St., 27-01 Ward)

2-FULL NAME Gottlieb W. Dietz

(a) RESIDENCE NO. Unknown St., Ward Philadelphia Pa

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. / mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
76			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Unknown
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) Germany
(State or country)

PARENTS

10 NAME OF FATHER Philip Dietz

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mamie Dietz May Riley
(Address) 704 Raymond St. Phila Pa

15 Filed ....., 19..... Registrar

NOV 15 1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-13-34 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of the Heart

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? No

What test confirmed diagnosis? .....

(Signed) John J. Morrissey, M. D.

19 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Phila. Pa.	Nov 16 1934
20 UNDERTAKER Philip Herwig Sons	ADDRESS 206 Orleans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06566

HEALTH DEPARTMENT—CITY OF BALTIMORE

06566

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 74-1-9

2. FULL NAME John C. Ross

(a) Residence: No. From Bay View asylum St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 6, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	74	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John C. Ross

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Lukeey

16. BIRTHPLACE (city or town) (State or country) U.S.

17. INFORMANT Mt. Hope Records
(Address) Mt. Hope-Balto.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov. 15, 1934

19. UNDERTAKER Lewis H. Mann Co.
(Address) 1058 Hamburg

20. FILED NOV 15 1934, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1928 to Nov. 15 1934

I last saw h.... alive on Nov. 15, 1934. Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration & Decompensation	4 yrs

Other contributory causes of importance:

Uterus-sclerosis	?
Parkinsonian Syndrom	3 yrs
Chronic Glomerulas Nephritis	?
Senile dementia	10 yrs

Name of operation None Date of None

What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Benjamin F. Glasier M.D.

(Address) 33 N. Eutaw St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1934

M. D. B. 1268-9

F 06567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06567

133

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3613 Edgewood Rd St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 15 7 10

2. FULL NAME Mary Louise Gough

(a) Residence: No. 3613 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 4 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School do

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Bernard B Gough

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Ida Mastruder

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs B B Gough (mother)

(Address) 3613 Edgewood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Pawlet Cathedral Date Nov. 17 19 34

19. UNDERTAKER Elward J Moran Co.

(Address) 108 W Lexington St.

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov-14-, 1934

22. I HEREBY CERTIFY, That I attended deceased from September. 1934. to Nov 14. 1934

I last saw her alive on Nov 13th. 1934. Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	1925

Other contributory causes of Importance:

Name of operation 0 Date of .....

What test confirmed diagnosis? Found Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm H Pearre M. D.

(Address) 205 N Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1934

M. D. H. 1268-9

06568 F 06568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospl St. 20-01 Ward)

Registered No. (If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 da. How long in U. S. If of foreign birth? 62 yrs. 11 mos. 4 da.

2. FULL NAME Alice Louise Bourne

(a) Residence: No. Bon Secours St., Ward. Relay-Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: George Bourne

6. DATE OF BIRTH (month, day, year): Dec 10 1871

7. AGE: Years 62 | Months 11 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Charles Co. Maryland

FATHER

13. NAME: Edw. D. R. Bean

14. BIRTHPLACE (city or town) (State or country): New Orleans La.

MOTHER

15. MAIDEN NAME: Louise Siebracht

16. BIRTHPLACE (city or town) (State or country): New Orleans Louisiana

17. INFORMANT: Mrs Helen M. Bourne (daughter)
(Address): Relay-Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Nov-17 19 34

19. UNDERTAKER: Swann Morris Co.
(Address): 108 W Madison

20. FILED: Nov 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-14- 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-5 1934 to 11-14 1934

I last saw her alive on 11-14- 1934 Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset ?
Peritonitis — Date of onset ?

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Margaret M. Meagher M.D.
(Address) Bon Secours Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 06569

06569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., 13-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Ahrens.

(a) Residence: (No. 2427 Ballow ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 20 - 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	6	20 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Director

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Gothan Ahrens

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Blum

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Regina Ahrens

(Address) 2427 Pinkerton Rd

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Cem 11/16 19 34

19. UNDERTAKER Jahrens & Son (Jos Ahrens)

(Address) 2427 Pinkerton Rd

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate with metastasses to pelvis etc.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. Ellis Carter, M. D. Coroner

(Address) 5086 North ave

information should be carefully supplied. AGE should be stated EXACTLY. If under one year state AGE in months, days, or hours. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V56

M. D. B. 1268-9

06570

HEALTH DEPARTMENT—CITY OF BALTIMORE

06570

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 17-01 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Bailey.

(a) Residence: No. 538 N. Preston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salzavor Bailey.

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah Pendelton

(Address) 552 Ofard St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cemty Date Nov 16 1934

19. UNDERTAKER Adolph Eastead

(Address) 962 Druid Hill Ave

20. FILED Nov 15 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B P Herzog M D M. D.
Coroner

(Address) 1305 N Patterson Park

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Rev 56

NOV 15 1934

M. D. P. 1268-9

E 06571

06571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1.08

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hosp St., 11-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thelma Simmons

(a) Residence: No. 1120 Madison ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 4, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berkley Va

FATHER

13. NAME John Grimes

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Ellen Rickes

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Emily Ellis

(Address) 1022 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk, Va Date Nov 15, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Princess St Hampton Institute, Va

20. Filed NOV 15 1934 Registrar.

NOV 15 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful in filling out information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934 to Nov. 13, 1934.

I last saw her alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 8 32 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-6-34
Other contributory causes of importance:	
Cyesis	2-1-33

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Calvin B. DeCompte, M. D.

(Address) Provident Hosp

M. D. B 1268-9

F 06572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Hollins St. St., 16-01 Ward)

Length of residence in city or town where death occurred Life yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beulah G. Schadel

(a) Residence: No. 1106 Hollins St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Schadel

6. DATE OF BIRTH (month, day, year) July 4, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Wm. Houck

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Mollie Hale

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Henry Schadel
(Address) 1106 Hollins St

18. BURIAL, CREMATION, OR REMOVAL Friendship Annex Cem. Date Nov 18, 1934

19. UNDERTAKER Chenoweth & Son
(Address) 3615 12 Chestnut Ave.

20. FILED ..., 19... Registrar.

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 11 1930 to Nov 14 1934
I last saw her alive on Nov 14 1934 Death is said to have occurred on the date stated above, at 12 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1930
Acute Myocarditis	
Heart Failure	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward A Morgan M. D.

(Address) 1216 E Fayette St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. H. 1268-9

F 06573

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06573

82-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) University Hospital St., 19-01 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mason B. Jones

(R) Residence: No. 1521 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada Jones

6. DATE OF BIRTH (month, day, year) 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Benjamin Jones

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Mary Lewis

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mrs. A. Jones
(Address) 1521 W. Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Nov 16 1934

19. UNDERTAKER Thomas E. Wright & Son
(Address) Frankford Ave

20. FILED NOV 15 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. Reed Feller M. D.
Coroner
Address 27 E. Eastern Ave.

Information should be carefully supplied. AGE should be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

NOV 15 1934

M. D. B. 1260

F 06574

F 06574

291936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 1 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Wolfram

(a) Residence: No. 750 E Franklin St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (~~or WIFE of~~)

6. DATE OF BIRTH (month, day, year) 6-3-1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gotlieb Wolfram

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Nov 17th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

NOV 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1934 to Nov 15 1934

I last saw her alive on Nov 15 1934 Death is said to have occurred on the date stated above, at 2 50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicul Abscess	
Other contributory causes of importance: Chronic Nephritis Fecal Fistula	

Name of operation Appendectomy Date of [illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry A Cattell M.D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated EXACTLY. Where information is unknown, so state. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-A

F 06575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1527 Homestead St Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha E Bauer.

(a) Residence: No. 1527 Homestead St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: (or) WIFE of Jos F. Bauer

6. DATE OF BIRTH (month, day, year): Feb 17th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	8	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 037

10. Date deceased last worked at this occupation (month and year): Nov 1934

11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Louis A. Fisher

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mary Rosenthal

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Jos F Bauer

(Address): 1527 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer 11/17/34 19

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

Date received: NOV 16 1934

Registrar: Hunter Peters

MEDICAL CERTIFICATE OF DEATH 740

21. DATE OF DEATH (month, day, year): Nov 15/34. 19 Sy

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 19 34 to Nov 15 19 34

I last saw h[illegible] alive on Nov 15 19 34 Death is said to have occurred on the date stated above, at 7 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Acute Pulmonary Edema	Nov 15 34

Other contributory causes of importance:

b. Arteriosclerosis (Pulmonary)	Nov 15 34
c. Arteriosclerosis Cardiovascular	Nov 15 34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otho B Freeman M. D.

(Address) 718 N Fulton Ave

Information must be given in answering each question. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06576

M. D. B. 568-A F 06576

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St. 17-81 Ward)

Length of residence in city or town where death occurred 18 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marion Ernest Moore

(a) Residence: No. 717 E 21st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of Christine D. Moore

6. DATE OF BIRTH (month, day, year) Aug 10, 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 031

9. Industry or business In which work was done, as silk mill, saw mill, bank, etc. Crown Cork & Seal Co

10. Date deceased last worked at this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Byrdton Virginia

FATHER

13. NAME Solomon R Moore

14. BIRTHPLACE (city or town) (State or country) Salisbury, Maryland

MOTHER

15. MAIDEN NAME Ada Lankford

16. BIRTHPLACE (city or town) (State or country) White Marsh Virginia

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Nov 17th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Filed Nov 16 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1934 to Nov 15 1934

I last saw him alive on Nov 15 1934. Death is said to have occurred on the date stated above, at 5.25 p.m.

The principal cause of death and related causes of importance were as follows:

Appendicitis — Date of onset 10-11-34

Other contributory causes of importance:

Peritonitis

Name of operation Drainage appendicular abscess Date of 10-24-34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should information should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 06577

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06577

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Bartlett Ave St. 9-W Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Bernard Debring

(a) Residence: No. 611 Bartlett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Verena B. Debring

6. DATE OF BIRTH (month, day, year) May 13-1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	11 6	3 1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nov. 6-1934 26

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME V. F. Frances Debring

14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Lucy Debring

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT Verena Debring

(Address) 611 Bartlett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date Nov 16 1934

19. UNDERTAKER William Cook

(Address) 1317 St Paul St

(Signature) Harry E. Kilgus Registrar.

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH 12:55 PM

21. DATE OF DEATH (month, day, year) Nov 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934 to Nov 14, 1934

I last saw him alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 1:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hem.	Nov 10

Other contributory causes of importance:

Arterio Sclerosis,	yrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm E Hall M. D.

(Address) 7020 Harford Rd

information should be carefully supplied. Age should be stated in years and months. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 06578 F 06578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) N. Paul St. (St.) 16-01 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Margaret York
(a) Residence: No. 3000 W Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 5 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	0	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Alva H York
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Elizabeth Gibson
16. BIRTHPLACE (city or town) (State or country) Oxford Md

17. INFORMANT Elizabeth Colebourn
(Address) 3000 Preesman St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date Nov 17th 1934

19. UNDERTAKER Williams Cook
(Address) 1217 St Paul St

Filed ... 19... Registrar.

NOV 16 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide Poisoning	
Drank Black Leaf	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Nov 14 1934
Where did injury occur? 3000 W Preston
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury Drank Black Leaf
Natnre of injury Poison

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. H. Kirk, M. D.
Coroner
(Address) Gibson

Information should be carefully supplied, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1268

F 06579

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06579

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Webster St., 24th Ward)

Length of residence in city or town where death occurred 1 yrs. 15 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto Votel

(a) Residence: No. 1410 Webster St., Ward. Furnace Branch a.a. Co

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of (~~or wife of~~) Amelia Votel

6. DATE OF BIRTH (month, day, year) Nov 7th 1860

7. AGE: Years 74 | Months 0 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Germany

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): France

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT: Max W. J. Votel

(Address) Furnace Branch a.a. Co

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 17th 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

Filed 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14th 1934

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from Oct 29th 1934 to Nov 14th 1934

I last saw him alive on Nov 14th 1934 Death is said to have occurred on the date stated above, at 6.50 p. m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio-vascular disease	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? P. M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Deibel M. D.

11/15/34 (Address) 1227 E Hanover St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 30-10 & F 06580 ✓ F 06580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 120 W. West St. 23-01 WARD)

2. FULL NAME Elijah Simms

(a) RESIDENCE NO. 120 W. West ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in City or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Simms

6 DATE OF BIRTH (month, day, and year) ?

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 50 years.			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) Calvert Co. (State or country) Md.

PARENTS

10 NAME OF FATHER Burgit Thomas?

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co. Md

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Calvert Co. Md

14 Informant Katie Simms (Address) 120 W. West St

15 Filed NOV 13 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 13 '34

17

I HEREBY CERTIFY, That I attended deceased from Nov 11 '34, to Nov 13 '34

that I last saw h[illegible] alive on Nov 13 '34

and that death occurred, on the date stated above, at 2.15 A. M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? ✓

(Signed) H. H. Carroll M. D.

. 19 (Address) 111 W. Mt. St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem — DATE OF BURIAL 11/16 '34

20 UNDERTAKER Walter B. Sprigg P. — ADDRESS 139 W. Hamburg St

information should be carefully supplied. AGE should be stated correctly. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 13 1934

M. D. P. 126

F 06581

F 06581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 147

CITY OF BALTIMORE: (No.) St. 14 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Allen

(a) Residence: No. 1723 Madison St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — (or) WIFE of Ellsworth Allen

6. DATE OF BIRTH (month, day, year): Jan 14 1896

7. AGE — Years: 38 | Months: 10 | Days: 1 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Robert Blackburn

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Martha Hopkins

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Josp. Edwards

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Fair Mount Cem. Date: Nov 18, 1934

19. UNDERTAKER: Joseph A Dooley

(Address): 409 N. Arnold St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31 1934 to Nov 14 1934

I last saw h alive on Nov 14 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Vascular Disease — Date of onset: Sept 1932

Other contributory causes of importance: Cerebral Hemorrhage, acute — Nov 1934

Name of operation: Nephrectomy Carcinoma Kidney, Left Side — Date: 1931

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Ernest Hurst M. D.

(Address) Balto City Hospitals

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 12

F 06582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06582

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Ehlen

(a) Residence: No. 1908 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Mary Ehlen

6. DATE OF BIRTH (month, day, year) Sept 12/1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John F. Ehlen

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Marharet Annie Willi

16. BIRTHPLACE (city or town) (State or country) Frederick Co., Md

17. INFORMANT (Address) Frank S. Ehlen 310 W. Joppa Rd Towson

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 11/15, 34

19. UNDERTAKER Wm Cook (Address) 1217 E Pratt St

20. FILED NOV 15 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Decompensated Heart	

Other contributory causes of importance: Arteriosclercsis- Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Hall, M. D.
Coroner

(Address) 108 E Lexington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Cor. 12-9-25 A Co. 200 Bks.

F 06583

F 06583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

186-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Baltimore City Hospital St. 21-01 Ward)

2-FULL NAME Frederick Bertholdt

(a) RESIDENCE NO. 825 N. Cross St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Bertholdt

6 DATE OF BIRTH (month, day, and year) December 1, 1850

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	83	11	13	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired U.S.

(b) General nature of industry, business, or establishment in which employed (or employer) Military & Soc

(c) Name of employer Goods

9 BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

PARENTS

10 NAME OF FATHER Mr. Bertholdt

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

14 Informant Mrs. Melrose Bonny

(Address) 825 West Cross St

15 Filed _____ 19 ____ H. C. _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 14, 1934 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an _____ (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said _____ (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Accidental Fracture of Femur

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) H. P. Patterson M. D.

(Coroner)

, 19 (Address) 1305 N. Patterson Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 IF LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery — Date of Burial Nov. 17 1934

20 UNDERTAKER Harold Cook — ADDRESS 1003 West Baltimore St.

OF DEATH in plain terms, so that it may be properly classified. Fill in all items. Be very important. See instructions on back of certificate.

M. D. B. 1268-9 F 06584 ✓ F 06584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4207 Frederick Ave. St. 20-al Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Knell

(a) Residence: No. 4207 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Genevieve McKewen

6. DATE OF BIRTH (month, day, year) July 5, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Andrew Knell, Jr.

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary J. Romm

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Mrs. W. A. Knell
(Address) 4207 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Nov. 17, 1934

19. UNDERTAKER Joseph H. Cook
(Address) 1093 W. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1933 to November 14, 1934
I last saw him alive on Nov. 14, 1934 Death is said to have occurred on the date stated above, at 11.20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Carcinoma of Omentum and metastasis to Liver	

Other contributory causes of importance:

Endocarditis Pulmonary Edema

Name of operation None Date of

What test confirmed diagnosis? Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
None If so, specify None

(Signed) Herbert C Knell, M. D.

(Address) 2151 Wilkens Ave.

M. D. F 06585

F 06585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Norfolk ave St., 1 Ward)

Length of residence in city or town where death occurred? 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Cohen

(a) Residence: No. 2814 Norfolk Ave, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Samuel Cohen

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah Schlam

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Max Cohen
(Address) 2814 Norfolk ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date Nov. 16 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15 1934

22. I HEREBY CERTIFY, that I attended deceased from 5/30/34 to 11/15/34

I last saw h. alive on November 15 34 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ventricular Aneurysm	11/12/34
Rupture	
Coronary Thrombosis	6/12/34
Other contributory causes of importance:	
Hypertensive Cardio Vascular Disease	?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Ralph Mordecai M.D.

(Address) 1805 W. Mount Ave

Ralph Mordecai M.D.

M. D. B 1268-9

F 06586 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06586

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pennsylvania Ave 1681 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allie Beasley

(a) Residence: No. 1516 W Lafayette ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 17 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer O&D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Durham N. C.

FATHER

13. NAME William Beasley

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Arnetta Cash

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT John H. Hoffman

(Address) 1916 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Nov 18 1934

19. UNDERTAKER Sam'l M Chase & Son

(Address) 638 N. Gilmor

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	

Other contributory causes of importance: unknown

Name of operation — Date of .....

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19..

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James M Fenton Coroner, M. D.

(Address) 7002 Chase

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1934

M. D. F. [illegible]-9 F 06587

F 06587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Gray

(a) Residence: No. 457 Lubarts Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ? 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ellen ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemtry Date NOV 16 34

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 12 1934

22. I HEREBY CERTIFY, That I attended deceased from May 22 1934 to Nov 12 1934

I last saw her alive on Nov 12 1934 Death is said to have occurred on the date stated above, at 9.05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Hemiplegia, Lue &	
old Cerebral Hemorrhage	5 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. P. Magruder M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

[illegible]

M. D. B. 1268-9

F 06588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06588

X 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William H. Leister

(a) Residence: No. Westminister, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

FATHER

13. NAME Jacob Leister

14. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Record

16. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

17. INFORMANT Frank Myers
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Nov 12 1934

19. UNDERTAKER H Bankard & Son
(Address) Westminster Md

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/4/34 . 19 . to 11/16/34 . 19 .....
I last saw him alive on 11/16/34 . 19 . Death is said to have occurred on the date stated above, at 3 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis Chest Wall Left.	11/10/34

Other contributory causes of importance:

Pneumonia	con

Name of operation Incision + Drainage Date of 11/10/34

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh B. McNally M. D.

(Address) University Hospital

V 9 3

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

Jews

F 06589 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06589

CERTIFICATE OF DEATH.

V97

1-PLACE OF DEATH

CITY OF BALTIMORE: No 3208 E Fairmount St. 26-01 WARD

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Albert Jews

(a) RESIDENCE. No 3208 E Fairmount St. WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married.

6 DATE OF BIRTH (month, day, and year) April 15 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	6	2730	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Night Watchman

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (city or town) Not known (State or country)

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (city or town) Not known (State or country)

14 Informant Anna M. Jews

(Address) 3208 E Fairmount Ave

15 Filed NOV 16 1934 19 ..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 14 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov. 13 1934, to Nov. 14 1934, that I last saw h[illegible] alive on Nov 14 1934, and that death occurred, on the date stated above, at 7.50 P m.

The CAUSE OF DEATH was as follows:

Senility

Arteriosclerosis.

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) J Kirk Dudley M. D.

11-15 1934 (Address) 2936 E Biddle

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: Nov 17 1934

20 UNDERTAKER: Henry Lutz — ADDRESS: 1203 N. Broadway

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 06590

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06590

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH St Agnes Hospital — Registered No.

CITY OF BALTIMORE: (No. Wilkens & Caton aves. St. 10-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ella T. Williams

(a) Residence: No. 2119 W. Fayette St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Harry Williams

6. DATE OF BIRTH (month, day, year) March 8th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 137

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md Balto.

FATHER

13. NAME John D Mooney

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Mooney

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mr Harry Williams

(Address) 2119 W Fayette St.

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Date 11/19/ 1934

19. UNDERTAKER John F Cowan & Son

(Address) 901 Madison St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-15-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from November 13 1934 to November 15 1934

I last saw her alive on November 15 1934 Death is said to have occurred on the date stated above, at 10 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus sore throat	11-1-34
Streptococcus septicemia	11-12-34

Other contributory causes of importance:

Hemorrhagic Purpura (secondary)	11-14-34

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl C Weibel M. D.

(Address) 58 E Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

M. D. F 06591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06591

CERTIFICATE OF DEATH

✓ 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2414 Puget St. 25 Ward) The Hansons

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Owen V. Kyler

(a) Residence: No. 2414 Puget St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 17, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forge

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Kyler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Gertrude Isaac

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mother

(Address) 2414 Puget St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lutheran Cem. Date Nov 17 1934

19. UNDERTAKER Ernest Kennedy

(Address) 518 Smith Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 | 13 | 34

22. I HEREBY CERTIFY, That I attended deceased from 11 | 8 | 34 to 11 | 13 | 34

I last saw him alive on 11 | 12 | 34 Death is said to have occurred on the date stated above at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) T. S. Hawkins M. D.

(Address) 912 N. Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 18 1934

M. D. F. 1268-9

F 06592

HEALTH DEPARTMENT—CITY OF BALTIMORE

06592

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Hagan

(a) Residence: No. 1222 N. Montford ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Hagan

6. DATE OF BIRTH (month, day, year) 3-17-1876.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Brewster

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Margaret Brinton

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem Harford Rd Date Nov 17. 1934

19. UNDERTAKER Chas R Grauerholz

(Address) 1111 N Eutaw ave

Baltimore Md

FILED NOV 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-14 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-1-34, 19..., to 11-14, 1934

I last saw her alive on 11-14, 1934 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma cervix uteri	Feb-1934

Other contributory causes of importance:

Bronchopneumonia	4 days
Exhaustion	8 hrs

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Raymond [illegible] M. D.

(Address) Baltimore City Hospitals

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 06593

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 9-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl S. Chamberlin

(a) Residence: No. Box 2000 Colorado Springs St., Ward. Colorado

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie

6. DATE OF BIRTH (month, day, year): 3-26-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Supt of Ob

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Myers Station Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Iowa

FATHER

13. NAME: George W. Chamberlin

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Ann Stratton

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Colorado Springs, Colo. Date Nov 19 1934

19. UNDERTAKER: John C. Mitchell Ford

(Address) 1900 Eutaw Place

20. FILED Nov 20 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 15. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27. 1934 to Nov 15. 1934

I last saw him alive on Nov 15. 1934. Death is said to have occurred on the date stated above, at 11 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiogenic Ca of lungs	
& metastases to brain	
& cord; bronchopneumonia?	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE LEGIBLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P 1268-9

F 06594

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06594

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 70-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Linke Lee

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Thomas Lee

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bridget

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Supr
(Address) 1200 - Valley St City

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov. 17 1934

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED ... Registrar.

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 16 November 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1934 to Nov 16 1934

I last saw him alive on Nov 14 1934 Death is said to have occurred on the date stated above, at 2.15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	over

Other contributory causes of importance:

Asthma

Name of operation Phys - Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. McCabe, M. D.

(Address) 1117 Harford

N. B. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-9 F 06595

F 06595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Butler Bros. 200 W Balto St 27-C (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Heinz

(a) Residence: No. 3204 Batavia Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Nora E. Heinz

6. DATE OF BIRTH (month, day, year) Aug 17-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst buyer 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Phillip P. Heinz

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Christina Hermann

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. N E. Heinz

(Address) 3204 Batavia Ave

18. BURIAL, CREMATION, OR REMOVAL

Parkwood Cemetery Date 11/17 1934

19. UNDERTAKER Leonard J. Rusch

(Address) 53 65 Harford Rd

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10/30/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Eugene Fellers M. D.
Coroner

(Address) 737 Eastern Ave.

information should be carefully supplied. Any should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203-9

F 06596

F 06596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Dorsey

(a) Residence: No. 908 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susanna (dead)

6. DATE OF BIRTH (month, day, year): ?

7. AGE: Years: 56; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Charles

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Jamie

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address): Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place: Saint Mary's Date: 11/16 1934

19. UNDERTAKER: J. J. Fahey & Son

(Address): 1318 Light St

20. FILED: NOV 16 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1934 to Nov 13, 1934

I last saw him alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 4:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Chronic	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) I. Wagner, M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06597

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St.) (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Fritz

(a) Residence: No. 818 S Decker Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) Aug. 27, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fritz

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Oakmont Date Nov. 17, 1934

19. UNDERTAKER H. B. Rippetoe & Son

(Address) 1300 Eastern Ave

20. FILED Nov 18 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934, to Nov 15, 1934

I last saw him alive on Nov 15, 1934. Death is said to have occurred on the date stated above, at 1.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	? 3 hrs

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I P Magid, M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 15 1934

Registrar

M. D. P. 5268-9

06598

HEALTH DEPARTMENT—CITY OF BALTIMORE

06598

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1435 Broadway St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Dimmel

(a) Residence: No. 1435 Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Dimmel

6. DATE OF BIRTH (month, day, year) July 15 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER

13. NAME Henry Dimmel

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Dimmel
(Address) 1435 Broadway

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 11/17, 1934

19. UNDERTAKER Mrs Chas A G Rohde.
(Address) 2327 Edmondson Ave

20. FILED NOV 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934, to Nov 14, 1934

I last saw h[illegible] alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 1 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 13

Other contributory causes of importance:

Uterine Tumor

Name of operation [illegible] Date of

What test confirmed diagnosis? [illegible] Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.

(Address) 3[illegible]1 N Pat pk

Information should be carefully supplied. Avoid ambiguity. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-0

M # 06599

HEALTH DEPARTMENT—CITY OF BALTIMORE

06599

CERTIFICATE OF DEATH

210-001

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Union Memorial St., Hospital Ward 1

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Cathell

(a) Residence: No. 2627 St Paul St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 8, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph A. Cathell

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine Clegg

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ralph W. Cathell

(Address) 42 Morse Ave E Orange N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Nov. 17 1934

19. UNDERTAKER Geo. H. Kettler & Son

(Address) 3rd & Lanvale sts

20. FILED Nov 15 1934 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Injury, 19 . to , 19

I last saw alive on Injury, 19 . Death is said to have occurred on the date stated above, at 7:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Amputation of left arm	
Other contributory causes of importance: Automobile Accident	

Name of operation Amputation L. arm Date of 11/15/34

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/15/1934

Where did injury occur? 2600 Block St Paul St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by an auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pkorny M. D. Coroner

(Address) 22-5 E Madison St

Information should be carefully supplied. Any omission or inaccuracy may delay burial. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

M F 06600

06600 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals St. 13-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David G Leader Sr.

(a) Residence: No. 3605 Keystone Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elizabeth Leader

6. DATE OF BIRTH (month, day, year): August 11, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Water Dept. Balto City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: David Leader Jr.

(Address) 3605 Keystone Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Manchester Pa. Date Nov. 17, 1934

19. UNDERTAKER: John Ulmer

(Address) 2606 Orleans St.

20. FILED: Huntington Mills M.D. Registrar.

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19... to ... 19...

I last saw h... alive on Nov. 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Left Ribs.	11/4/34
Broncho Pneumonia	11/9/34
Other contributory causes of importance:	
automobile Accident	11/4/34

Name of operation: None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/4 1934

Where did injury occur? Haven in Lombard St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by automobile while

Nature of injury walking across Street

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2100 E Madison St

information should be carefully supplied. Age should be stated in years and months. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06601

06601 56
24

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-W Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr Robert B Slocum

(a) Residence: No. Wilmington St., Ward. "11 Car

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie

6. DATE OF BIRTH (month, day, year): 2-7-77

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Surgeon

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: John Slocum

14. BIRTHPLACE (city or town) (State or country): "11 Car

MOTHER

15. MAIDEN NAME: Anna Davis

16. BIRTHPLACE (city or town) (State or country): Conn

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Wilmington N.C. Date Nov. 19 1934

19. UNDERTAKER John O. Mitchell & Sons

(Address) 900 Eutaw Place

20. FILED Nov 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7. 1934 to Nov 16. 1934

I last saw him alive on Nov 16. 1934 Death is said to have occurred on the date stated above, at 7.35 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia
Post operative Gastro enterostomy, enterostomy.

Date of onset 11-11-34

Other contributory causes of importance:

Name of operation Gastroenterostomy Date of 11-10-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. B. Slocum M. D.

(Address) Johns Hopkins Hosp

Information should be carefully supplied. Avoid abbreviations. Write plainly with ink. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 17 1934

M. D. B. 1268-9

F 06602

HEALTH DEPARTMENT—CITY OF BALTIMORE

06602

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1525 N. Broadway (Ward) 8 - C1

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James H. Bowen

(a) Residence: No. 1525 N Broadway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

5a. If married, ~~Widowed, or divorced~~ HUSBAND of ~~or WIFE of~~: Ada F. Bowen

6. DATE OF BIRTH (month, day, year): July 19th 1872

7. AGE: Years 62 | Months 3 | Days 26 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stationery Business

10. Date deceased last worked at this occupation (month and year): June 1934

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: George O. Bowen

14. BIRTHPLACE (city or town) (State or country): Washington D. C.

MOTHER

15. MAIDEN NAME: Michael Pumphrey

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Presley G. Bowen
(Address) 5108 St Albans Way

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 17th 1934

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St.

20. FILED NOV 17 1934 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-15-34

22. I HEREBY CERTIFY, That I attended deceased from 4-12-34 to 11-15-34

I last saw him alive on 11-15-34 Death is said to have occurred on the date stated above, at 8:30 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Intestinal Nephritis	2 Yrs
Other contributory causes of importance:	
Hypostatic Pneumonia	11/6/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Grant Phillips M. D.

(Address) 1502 N Broadway

M. D. B.—WRITE PLAINLY. Fill in all blanks with information. AGE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

06603 F 06603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 4 East Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Pittman

(a) Residence: No. 608 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lulu

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rocky Mount N. C.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Daphne ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Rockymount N.C. Nov 17 1934

19. UNDERTAKER Holzapfel & Priddis (Address) 2101 Pt Covington Av.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15 1934

22. I HEREBY CERTIFY, That I attended deceased from November 17 1934 to Nov 15 1934

I last saw him alive on Nov 15 1934 Death is said to have occurred on the date stated above, at 10:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pneumonia	?
Myocardial Insufficiency	
Congestive failure	5 hrs
Other contributory causes of importance:	about

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I Phagies M. D.

(Address) Balt City Hosp

Information asked for on this certificate is necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06604

06604

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3330 McElderry St., 1-01 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick I. Savage

(a) Residence: No. 3330 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella N. Savage

6. DATE OF BIRTH (month, day, year) Jan 3 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Transfer Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Duffield Savage

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margaret - -

15. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Ella N. Savage

(Address) 3330 McElderry St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 11/8/34 19

19. UNDERTAKER Philip Herring & Sons

(Address) 2016 Eutaw Pl.

20. FILED Nov 8 1934 Hunter for [illegible] Registrar.

V 17334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 5. 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above at about 6 p.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas asphixiation	Nov 5

Other contributory causes of importance:

History of hypertension & anginal attacks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably accidental Date of injury ..... 19....

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place one burner on kitchen range on.

Manner of injury burnt match indicates he tried

Nature of injury to light burner.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1268-9

✓ F 06605

F 06605

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 9-01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Becker

(a) Residence: No. 1767 Halmstead St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A. Becker

6. DATE OF BIRTH (month, day, year) Aug. 4 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME John Gehle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mrs Rogan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Edna Hohman

(Address) 1644 Chilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place London PK Date 11/19/34 19

19. UNDERTAKER Philip Henig Sons

(Address) 2016 Edmondson Ave

20. FILED 11/19/34 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1934 to Nov 16 1934

I last saw her alive on Nov 15 1934 Death is said to have occurred on the date stated above, at 3:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Cerebral Vascular Accident (Apoplexy)

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr Tom Hedlacek M. D.

(Address) Church Home & Infirmary

Information asked for on this certificate is required by law (Ordinances of Baltimore, 1915, Sec. 153). Fill in all items. Exact statement is necessary. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 17 1934

M. D. B. 1268-7

F 66606

66606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 24 Ward) Registered No. 53

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Willett

(a) Residence: No. 1332 E. Eastern St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John [redacted] Willett

6. DATE OF BIRTH (month, day, year) Sept 28, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	1	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 037

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Caroline County Va

FATHER

13. NAME Peter Fultz

14. BIRTHPLACE (city or town) (State or country) Richmond, Va

MOTHER

15. MAIDEN NAME Alice Samuel

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT [redacted] Rogers

(Address) 111 N Payson St

18. BURIAL, CREMATION, OR REMOVAL.

Place Alexandria Va Date Nov 19, 1934

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED ... 19 ... Registrar.

NOV 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1934 to Nov 15, 1934

I last saw her alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Neck	?

Other contributory causes of importance: Hemorrhage from Carcinoma 11/15/34

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Garst M.D.

(Address) Baltimore City Hospitals

Important: Items must be answered in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

AaCo. 5-11 250B

F 06607

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06607

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 720 Redwood St., 11-01 Ward)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nettie Buck

(a) Residence: No. 720 Redwood St., ... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Cal. Co Md

FATHER

13. NAME Isaac Buck

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charlotte Cook

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ellie Buck
(Address) 720 Redwood

18. BURIAL, CREMATION, OR REMOVAL
Place St John. Cal Co. Md. Nov 18 1934

19. UNDERTAKER James Astarea
Address 1142 W Fay St

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934 to Nov 15, 1934

I last saw h.. alive on Nov 15, 1934 death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Toxemia	

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, how? No

(Signed) H G Tompkins M. D.

(Address) 501 W Hamburg St

OCT 1934

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

E 06608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 S Ann St. 2-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanley Klimczak

(a) Residence: No. 528 S Ann St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kaes Md

FATHER

13. NAME Peter Klimczak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Teresa Kapiton

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Teresa Kapiton
(Address) 528 S Ann

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary. Date Nov 17. 34

19. UNDERTAKER T. W. Ozazewski
(Address) 1930 Eastern Ave.

20. FILED NOV 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Cardiac Malformation	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. P. Herzog M.D. M. D.
Coroner

(Address) 205 N Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06609 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 06609

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 E. Federal St., 9-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby (Boy) Zeller

(a) Residence: No. 1101 Federal St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 16 1934.

7. AGE Years	Months	Days	If LESS than 1 day, 5 hrs. or ... min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Zeller

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Rose Fragesers

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William Zeller

(Address) 1101 E Federal.

18. BURIAL, CREMATION, OR REMOVAL

Place Sole Redeem Date 11-17-34 19

19. UNDERTAKER J. Routo Inc

(Address) 735 Fulton Ave Hagerstown Md.

20. FILED ... 19 ... Registrar

NOV 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1934 to Nov. 17, 1934

I last saw him alive on Nov 16 . 1934. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Samuel B. Hill, M. D.

(Address) 133 E. North Ave.

INSTRUCTIONS.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06610

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 2 96610 34

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna DeBlasio

(a) Residence: No. 247 S Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of 7/13/34

6. DATE OF BIRTH (month, day, year) Aug. 24

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Florindo DeBlasio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Thomas Mongeralle

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Nov. 17, 1934

19. UNDERTAKER Frank Della Noce

(Address) 52 N. Morley St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Nov 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934 to Nov 14, 1934

I last saw h.. alive on Nov 14, 1934 Death is said to have occurred on the date stated above, at 11:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	C.S.D.
Pneumococcus septicemia	Nov. 1

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

OV 177 1934

M. D. P. 1268-9

06611

Clara Anderson ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

06611

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 14 - 04 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Anderson

(a) Residence: No. 512 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Elijah Anderson
6. DATE OF BIRTH (month, day, year): July 14 1887
7. AGE: Years 47 Months 4 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER
13. NAME: Edward Bailey
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER
15. MAIDEN NAME: Harriet Moore
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Hosp Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Nov, 18 34

19. UNDERTAKER Thos. E. Kelson
(Address) 1203 Prestman st.

20. Filed 11 7 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1934 to Nov 15 1934

I last saw h[illegible] alive on Nov 15 1934 Death is said to have occurred on the date stated above, at 9[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	1934
Other contributory causes of importance: Bronchopneumonia	11/13/34

Name of operation None Date of

What test confirmed diagnosis? Biopsy there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Graves M. D.

(Address) Balto City Hospitals

N. B.—WRITE LEGIBLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06612 HEALTH DEPARTMENT—CITY OF BALTIMORE 06612

CERTIFICATE OF DEATH

93-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 508 W Lafayette Ave St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Granville Fowler

(a) Residence: No. 508 W Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	M W

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-1-1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Elevator Leader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jamaica W. I. West Indies

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Jamaica

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT Mrs Pearl Porter
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-7 1934

19. UNDERTAKER Mrs Geo H Holland
(Address) 1631 Druid Hill Ave

20. FILED NOV 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 14 Nov 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6th 1934 to Nov 14 1934

I last saw h[illegible] alive on Nov 13 1934 Death is said to have occurred on the date stated above, at 1140 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	11-6-34

Other contributory causes of importance:

Indefinite

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H H Gough M. D.

(Address) 1127 N Eutaw St Balto Md

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96613 96613

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Jones

(a) Residence No. 1132 E. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jeff

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sallie ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11-17, 1934

19. UNDERTAKER George T. A. Upton
(Address) 1236 Arnold Ln

20. FILED NOV 17 1934 By Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1934 to Nov 13, 1934

I last saw him alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	?
Is congestive failure	
Aortic insufficiency	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I Phagen M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06614 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 06614

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2221 Hargrove St. 17-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Profit Smith

(a) Residence: No. 2221 Hargrove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Smith

6. DATE OF BIRTH (month, day, year) Feb. 14. 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 63	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (unemployed)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia Edmonston Co.

FATHER

13. NAME William Smith

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Lucy (unknown surname)

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Thomas L. Smith

(Address) 2223 Hargrove St.

18. BURIAL, CREMATION, OR REMOVAL

Place First Cemetery Date 11-19 3[illegible]

19. UNDERTAKER [illegible] T. A. Gibson

(Address) 1132 Druid Hill Ave.

20. FILED [illegible] Stanislaus Filipowski M.D.

NOV 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1934 to Nov 15, 1934

I last saw him alive on Nov 14, 1934 Death is said to have occurred on the date stated above, at 11 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Arterial Sclerosis	
arterial Hypertension	
Hypertensive Cardiac Disease	

Other contributory causes of importance:

Cardiac Insufficiency & Decompensation and Mytial Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jno. S. Julian Jr. M. D.

(Address) 434 E 23rd St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. D. P. 1268-9

F 06615

F 06615 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arline Waters

(a) Residence: No. 909 Tyson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not given

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Not known

MOTHER FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) (State or country) Not given

17. INFORMANT Margaret Waters
(Address) 909 Tyson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 11/17/ 1934

19. UNDERTAKER Frances A. Pemsley
(Address) 528 W. Biddle St.

NOV 17 1934 19 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) 11-16-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-15-, 1934, to 11-16-, 1934

I last saw her alive on 11-16-, 1934 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	3 days

Other contributory causes of importance:

Loss?

Name of operation no report from Labratory Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Virgil F. Mitchell, M. D.

(Address) Provident Hosp.

M. D. B. 1268-B

06616

F 06616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 Talbott St. 25-01 St. 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Daughter of Mr. + Mrs. Edward Stewart

(a) Residence: No. 22 Talbott St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 16, 1934

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	—	—	—	9

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto. (State or country) Md

FATHER

13. NAME Edward Stewart

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Mary Seebach

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Mr. Edward Stewart
(Address) 22 Talbott St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Nov. 17 1934

19. UNDERTAKER C. Howard Evans
(Address) 22 E Fayette St

20. FILED Nov 17 1934 Thurston Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1934 to Nov. 17, 1934

I last saw HER alive on Nov. 16, 1934. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 5 months	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

11/17/34 (Signed) M. L. Lichtenberg, M. D.
(Address) 22 W Madison

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0/17/1934

M. D. B. 1268-9

F 06617

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06617

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 762 Hanover St., Ward 8)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lucy Holmes

(a) Residence: No. 762 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or ~~divorced~~ (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 17 1851

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
83	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Sarah Young

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emma Lewis

(Address) 762 Hanover

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/18 1934

19. UNDERTAKER Isaac L Brown Son

(Address) 1058 W Mulberry St

Huntington Thanks, N.J.

20. FILED NOV 17 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1934 to Nov 15, 1934

I last saw her alive on Nov 15, 1934 Death is said to have occurred on the date stated above, at 7.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Senile Debility	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06618

HEALTH DEPARTMENT—CITY OF BALTIMORE

06618

CERTIFICATE OF DEATH

✓ 93-001

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1260 Glyndon Ave. St. 21-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen E. Schmidt

(a) Residence: No. 1260 Glyndon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Schmidt

6. DATE OF BIRTH (month, day, year) Sept. 23-1885.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John A. Adams

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary T. Schmidt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William Schmidt

(Address) 1260 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 19. 1934

19. UNDERTAKER Mrs. Mrs. John M. Gaupel & Son

(Address) 801 Fayette St.

20. FILED NOV 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myo-Carditis	Nov 16 1934
Other contributory causes of importance:	
Obesity	

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jeff L. Valentine M. D. Coroner

(Address) 16 South Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06619

06619 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06619

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Temple Garden Apts. St., 13-91 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME May Hofflin

(a) Residence: No. Temple Garden Apts. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 15, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nathan Hofflin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Virginia ----------

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Mr. R.L.Fox
(Address) 6209 Wallis Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto.Hebrew Cem Date Nov. 18 1934

19. UNDERTAKER Third Sondheimer Son
(Address) 1902 Eutaw Place

20. FILED ... 19... Registrar.

NOV 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1934 to Nov 15, 1934

I last saw h[illegible] alive on Nov 15, 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis - nephritis Angina pectoris	1 year
Other contributory causes of importance:	
Acute dilatation of heart	1 day

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Frederick Lutz, M. D.

(Address) Temple Garden Apts.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

F 06620

F 06620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1608 Cole St. 14-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Hawkins

(a) Residence: No. 1608 Cole St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Hawkins

6. DATE OF BIRTH (month, day, year) Sept 17. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury md

FATHER

13. NAME Walter Hawkins

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME ? Duncan

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT (Address) William S. Hawkins 1608 Cole St.

18. BURIAL, CREMATION, OR REMOVAL Place Salisbury md Date Nov 19. 1934

19. UNDERTAKER (Address) Wm J. Tolson & Sons Baltimore

20. FILED Nov 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 2. 1934 to Nov 17. 1934

I last saw h alive on Nov. 17. 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11 mos

Other contributory causes of importance:

Acute Cardiac Dilatation	1 day

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens ave.

INSTRUCTIONS: Fill in all items. Use ditto marks only when they will save time. Age: Always state years and months if under 1 year; years and days if under 1 month; hours and minutes if under 1 day. Never state "1 day" or "24 hours" for any period between 1 day and 2 days. Never state "1 month" or "30 days" for any period between 1 month and 2 months. Never state "1 year" or "12 months" for any period between 1 year and 2 years. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

NOV 19 1934

M. D. F. 1268-9

F 06621

Tolson

F 06621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 93-003

Registered No. 6

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Perry Tolson

(a) Residence: No. Aboard Ship SS IRED AVON St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Louise Wroten Tolson

6. DATE OF BIRTH (month, day, year) July 5, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. A.B.Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 686

10. Date deceased last worked at this occupation (month and year) 9-10-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Solomons Isl.
(State or country) Md.

FATHER

13. NAME Jim Tolson

14. BIRTHPLACE (city or town) Kent Island
(State or country) Md.

MOTHER

15. MAIDEN NAME Maggie Murphy

16. BIRTHPLACE (city or town) Solomons Isl.
(State or country) Md.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date Nov. 19 1934

19. UNDERTAKER George L. Schwind
(Address) 2101 Frederick Ave.

20. FILED Nov 22 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1934 to November 15, 1934.
I last saw him alive on November 15, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Myocarditis, chronic, c congestive heart failure	Unknown

Other contributory causes of importance:

Hypertension, arterial	"
Arterio-sclerosis, generalized	"

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. S. Eden, M. D.

(Address) U.S. Marine Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No 93

M. D. B. 1209 F 06622

F 06622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2029 W. North Ave St., 15-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Schapiro

(a) Residence: No. 2029 W. North Ave St., Ward. 4th.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH CAPABLE INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Sommers Schapiro

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Solomon Schapiro

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Miriam Schapiro

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Abraham Schapiro

(Address) 2028 Entrance place

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rondale Date Nov 18, 1934

19. UNDERTAKER Leon Bro

(Address) 1127 E Baltimore St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1934 to Nov. 17, 1934.

I last saw him alive on Nov. 16, 1934 Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of esophagus	4 mos.

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) L. E. Wice, M. D.

(Address) 920 St. Paul St. Balto. Md.

M. D. B. 3-0 F 06623

F 06623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No. 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 15 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Goldsmith

(a) Residence: No. 2416 Springhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) F 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Goldsmith

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rizzo
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date Nov. 1 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1117 E Baltimore St

20. FILED Nov 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30. 1934 to Nov. 17. 1934

I last saw h alive on Nov 17. 1934 Death is said to have occurred on the date stated above, at 2.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	19 days
Hypertension	-
Arteriosclerosis	-

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Rizzo M. D.

(Address) Balt City Hosp

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 06624

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06624

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 329 Bolton St. 11-01 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. McCleary

(a) Residence: No. 329 Bolton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. McCleary

6. DATE OF BIRTH (month, day, year): Sept 9-1859

7. AGE: Years 83 | Months 2 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Louis A Houzer
14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Mary Burdick
16. BIRTHPLACE (city or town) (State or country): Washington D C

17. INFORMANT: Catherine Copeland
(Address) 329 Bolton St

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Nov 19. 1934

19. UNDERTAKER: Geo W Little
(Address) 2700 Edmondson Ave

20. FILED ... 19... Registrar.

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 19th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Chronic Myocarditis	1 year

Other contributory causes of importance:

Name of operation: ... Date of: ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) T. O'Sullivan (Coroner) M. D.
(Address) Coroner

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

M. D. B. 12[illegible] F 06625 F 06625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Univ. Hospital St. 17-21 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Frizzell

(a) Residence: No. 2205 Guilford Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If ~~married, widowed,~~ or divorced HUSBAND of ~~or WIFE of~~ Walter H. Frizzell

6. DATE OF BIRTH (month, day, year) June 13th 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME ? Frey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ? Fay

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Nondas McCubbin

(Address) 2205 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Nov 19th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27 1934 to Nov 16 1934

I last saw her alive on Nov 16 1934 Death is said to have occurred on the date stated above, at 9:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	10 yrs.
Cardiac Hypertrophy	8 yrs.
Chronic Interstitial Nephritis	8 yrs.
Other contributory causes of importance:	
Secondary Anemia	1 yr.

Name of operation None Date of

What test confirmed diagnosis? [illegible] Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury None 19—

Where did Injury occur? None. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of Injury None

Nature of Injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Caplea M. D.

(Address) Univ. Hospital

NOV 13 1934

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. D. P. 1265 F 06626

F 06626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH South Baltimore Gen. Hosp. Registered No.

CITY OF BALTIMORE: (No.) St. 21 - Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Engley

(a) Residence: No. 922 Burgundy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Sept. 16, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City 040

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel W Engley

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Sarah V. Betts

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Margaret (wife)
(Address) 1218 James st

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date Nov 20th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul st

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/17/34 to 11/17/34

I last saw h[illegible] alive on 11/17/34 Death is said to have occurred on the date stated above, at 1 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute myocardial failure	11/17
Senility	

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) William D. Wolfe, M. D.
(Address) South Betts St Baltimore

N. B.—Make return promptly, with information called for in every item. Omit no information which can be obtained. Where information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1934

M. D. B. 1206 F 06627

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06627

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto General Hosp St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Mrs. Bella Cooper

(a) Residence: No. 3600 W. Garrison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Lehew McCarney Date 11/18/34 19

19. UNDERTAKER Jas. F. Lyons Sons

(Address) 1432 E. Balto St.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1934 to Nov 17, 1934

I last saw h alive on Nov 17, 1934 Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 9, 34
~~Cardiac Failure~~	
Chronic Myocarditis	

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. Benj. Sarubin M. D.

(Address) 2428 W. North Ave.

NOTICE

M. D. F 06628

F 06628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH So. Balto. Gen. Hosp.

CITY OF BALTIMORE: (No. 1213 Light St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Abraham Levin

(a) Residence: No. 2431 Lake Avenue Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Volkran

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Volkran

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Raphael L. Levin

(Address) 3507 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11-18-34

19. UNDERTAKER Jacob Levin & Son

(Address) 2430 Eutaw Place

20. FILED Nov 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov-15 1934 to Nov. 17 1934

I last saw him alive on Nov 17 1934. Death is said to have occurred on the date stated above, at 2 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Myocardial failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James L. Welt M. D.

(Address) 1213 Light St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

NOV 18 1934

6

M. D. P. 1268 F 06629 F 06629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1843 S Charles St. 23-61 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Audrey Miller.

(a) Residence: No. 1843 S Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----- ---- ----

6. DATE OF BIRTH (month, day, year) Sept. 14-1934.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME Albert C. Miller.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Fennington.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Albert C. Miller.
(Address) 1843 S. Charles. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date Nov 19th 1934

19. UNDERTAKER E. Schluman & Son
(Address) 1039 Hanover St.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1934 to Nov. 17 1934

I last saw HER alive on Nov. 17 1934 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ileo Colitis	11/10/34
Exhaustion	11/16/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. E. L. Campbell M. D.

11/18/34 (Address) 1644 Hanover St

N. B.—WHITE PAPER. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-3

F 06630

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06630

CERTIFICATE OF DEATH

95-007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 39-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Smith

(a) Residence: No. 208 Otterbein St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah (dead)

6. DATE OF BIRTH (month, day, year) April 27, 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

FATHER

13. NAME Benedict Neal

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Jane Smith

16. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov. 16 1937

19. UNDERTAKER Richard F. Hanley

(Address) 760 E. Monument ave

20. FILED Nov 17 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1937 to Nov 15 1937

I last saw him alive on Nov 13 1937 Death is said to have occurred on the date stated above, at 5-40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, hypertension	5
Myocardial Insufficiency	
c failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Phagel, M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 18 1937

M. D. B. 1944

F 06631

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06631

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 521 N. Chester St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME S. Wallace Tilton

(a) Residence: No. 521 N. Chester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Diedman Tilton

6. DATE OF BIRTH (month, day, year) Sept 18. 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME John Tilton

14. BIRTHPLACE (city or town) (State or country) N J

MOTHER

15. MAIDEN NAME Elma Mayhew

16. BIRTHPLACE (city or town) (State or country) N J

17. INFORMANT Mrs Bertha Tilton

(Address) 521 N Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Nov 19. 1937

19. UNDERTAKER John Ellis

(Address) 2008 Orleans St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15. 1937

22. I HEREBY CERTIFY, That I attended deceased from May 12. 1934 to Nov. 16. 1934

I last saw him alive on Nov 15. 1934 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of glands of neck Carcinoma	1934
Other contributory causes of Importance: Weak Blood Pressure	1934

Name of operation Radium Date of 9/16/34

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ..... 19 .....

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury X

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. C. Heaver M. D.

(Address) 3 E 39th Baltimore Md

NOTICE—Burial Permit will not be issued unless this certificate is properly filled out. Registrar

(over)

INSTRUCTIONS.—WRITE LEGIBLY, with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268

F 06632

F 06632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

192-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lwendale Home St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 30 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Goldstein

(a) Residence: No. Green Spring & Belvedere Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 - 65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Louis Canter

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Etta Frieda

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Lwendale Home

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Cem. Date Nov 18. 1934

19. UNDERTAKER: L. Lehman Bro

(Address) 1127 E Biddle St

20. FILED 19 Registrar

NOV 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 9-1 19 34 to 11-18 19 34

I last saw h alive on 11-18 19 34. Death is said to have occurred on the date stated above, at 6 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. vas. dis. of	
Left Hemip.	
Hypertension	

Other contributory causes of importance: Heart Block

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Grundlevin M. D.

(Address) Lwendale

N. B.—WRITE PLAINLY, WITH INK AND IN ENGLISH. THIS IS A LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934-9 F 06633

F 06633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Caroline Dannenberg

(a) Residence: No. 4607 Reisterstown Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac Dannenberg

6. DATE OF BIRTH (month, day, year) May 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ---------- Appel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Moses Dannenberg,

(Address) New York City.

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date Nov. 19, 1934

19. UNDERTAKER Harry Sondheim & Son

(Address) 1902 Eutaw Place.

20. FILED Nov 19 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on . Death is said to have occurred on the date stated above, at 6 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Nov 17-34	
Other contributory causes of importance:	
Diabetes Mellitus	
Fractured Right Femur	

Name of operation no Date of

What test confirmed diagnosis Injury Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov 9, 1934

Where did injury occur? at Home Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at Home

Manner of injury Fell down Stairs

Nature of injury Fractured Right Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 26 S. Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. No. F 06634

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06634

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3017 Cresmont Ave St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Linnott

(a) Residence: No. 3017 Cresmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced, (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John Linnott.

6. DATE OF BIRTH (month, day, year): ? 1869

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Mc Dermott

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: Daughter

(Address): 3017 Cresmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Nov. 19, 1934

19. UNDERTAKER: Wm. F. Mayer

(Address): 3600 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 14th, 1934 to Nov 16th, 1934

I last saw her alive on Nov 16th, 1934 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 14/34
Arterial Sclerosis	

Other contributory causes of importance:

Name of operation: Not Autopsied Date of

What test confirmed diagnosis? Personal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Conrad Bory, M. D.

(Address) 1900 Maryland Ave.

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. F 06635

F 06635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Th). 5-01 Registered No.

CITY OF BALTIMORE: (No. ..... St., 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer E. Burrows

(a) Residence: No. 500 Ensor St. 2nd floor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Burrows

6. DATE OF BIRTH (month, day, year) 7-26-1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 050

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Connecticutt

FATHER

13. NAME Joseph Burrows

14. BIRTHPLACE (city or town) (State or country) Connecticutt

MOTHER

15. MAIDEN NAME Eva Rockwell

16. BIRTHPLACE (city or town) (State or country) Connecticutt

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Nov 20th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED NOV 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 15 1934

22. I HEREBY CERTIFY, That I attended deceased from November 14 1934 to November 15 1934
I last saw him alive on November 15 1934 Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Unknown
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer M Jacobson M. D.
(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

No. 10034

M. D. F 06636 ✓ F 06636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2025 Penrose Ave 40-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Butterbaugh

(a) Residence: No. 2025 Penrose Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND'S~~ (or) WIFE of Franklin Butterbaugh

6. DATE OF BIRTH (month, day, year) Sept 3rd 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———— 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

FATHER

13. NAME ? Clements

14. BIRTHPLACE (city or town) (State or country) Un Known

MOTHER

15. MAIDEN NAME Susanna Bartlett

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Franklin E. Butterbaugh
(Address) 2025 Penrose Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov [illegible] 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible] 1934 [illegible] Registrar.

NOV 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 16 '34

Other contributory causes of importance:

arteriosclerosis	

Name of operation None Date of ... None

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Monroe

Information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

USE

AaCo. F 06637

HEALTH DEPARTMENT—CITY OF BALTIMORE F 06637

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5623 Wayne Ave., St., Howard Park 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Hoffman

(a) Residence: No. 1533 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Hoffman

6. DATE OF BIRTH (month, day, year) June 17, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	65	5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Street Cleaner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City 86

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

FATHER

13. NAME August Hoffman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madeline Klein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ella Hoffman (Wife)
(Address) 1533 N. Fulton Ave.,

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Cem Violetville Date Nov. 19, 1934

19. UNDERTAKER John J. Denny
(Address) 115 Light St.

20. FILED Nov. 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1934 to Nov. 17, 1934

I last saw h/m alive on Nov. 16 1934 death is said to have occurred on the date stated above, at 2:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Chr. Myocarditis	

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes No, specify

(Signed) Geo. E. Shannon M. D.
(Address) 700 N. Fulton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06638

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06638

Divorce

CERTIFICATE OF DEATH

1-5-01 186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Frank Graves

(a) Residence: No. Wakefield Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tile Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 082

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George W Graves

14. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

MOTHER

15. MAIDEN NAME Amanda M McIntire

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Andrew W Dowling

(Address) 2202 Elsinore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Nov 19 1934

19. UNDERTAKER John T Danny

(Address) 715 Light St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull.	
Coma	Nov 14-34
Other contributory causes of importance:	
Cerebral Hemorrhage	Nov 14-34
Brain Lesion	Nov 15-34

Name of operation. Date of

What test confirmed diagnosis? " Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 14 1934

Where did injury occur? Roland Park Golf Links

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At Home

Manner of injury Fell down stairs at

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Valentine M. D.

Coroner

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

M. D. P. 1933-4 F 06639

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06639

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General St. (or Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Roberta Letta Ahler

(a) Residence: No. 12 W. Collington Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 20, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Erasmus Ahler

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Georgia Rapalie

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date Nov. 20 1934

19. UNDERTAKER Bryhes & Townsend Inc
(Address) 4 W. Lexington St.

20. FILED Nov 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to November 17, 1934.

I last saw her alive on November 7, 1934 Death is said to have occurred on the date stated above, at 7-2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Hypertension Duration 2 yrs	1932
Cerebral Hemorrhage	Nov. 1, 1934
Bronchopneumonia	Nov. 13, 34

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel Gilbert Brack, M. D.

(Address) Md. General Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NO

M. D. B. 1268-9

F 06640

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06640

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2507 Christian St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Victor P. Tschudy

(a) Residence: No. 2507 Christian St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~): Ida Tschudy

6. DATE OF BIRTH (month, day, year): May 13th 1860

7. AGE — Years: 74 | Months: 6 | Days: 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Worker

10. Date deceased last worked at this occupation (month and year): 1932

11. Total time (years) spent in this occupation: 2 yrs

12. BIRTHPLACE (city or town) (State or country): Brandywine Md

FATHER

13. NAME: Victor Tschudy

14. BIRTHPLACE (city or town) (State or country): France

MOTHER

15. MAIDEN NAME: Marie L. Bertrand

16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT: Mrs Ida Tschudy

(Address) 2507 Christian St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 20 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED NOV 19 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	November 17-34

Other contributory causes of importance:

Arter. Sclerosis

Name of operation: Surgery Date of ... Nov 11-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Joseph L. Valentine M. D., Coroner

(Address) 1650 Bond

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 06641 ✓ F 06641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 860 West North Ave (St.) 3-01 (Ward)

Length of residence in city or town where death occurred 60 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Walter H. Chambers

(a) Residence: No. 860 West North Ave St. ___ Ward. ___
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. Color or Race White — 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah A Chambers

6. DATE OF BIRTH (month, day, year) Dec 25 1853

7. AGE: Years 80 | Months 10 | Days 23 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton Md

FATHER

13. NAME William H. Chambers

14. BIRTHPLACE (city or town) (State or country) Easton Md.

MOTHER

15. MAIDEN NAME Anna Corkran

16. BIRTHPLACE (city or town) (State or country) Easton Md

17. INFORMANT William H Chambers (Address) 802 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date 11/20 1934

19. UNDERTAKER William Cook (Address) 1475 St Paul St

20. FILED NOV 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1934 to Nov 18 1934

I last saw him alive on Nov 17 1934 Death is said to have occurred on the date stated above, at 6309 m.

The principal cause of death and related causes of importance are as follows:

Cerebral Hemorrhage with Rt side Hemiplegia and respiratory failure — Date of onset 11/17/34

Other contributory causes of importance: Arteriosclerosis senile

Name of operation None Date of ___

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Wesley Cole M. D.

(Address) 2707 Fenwick Blvd

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06642

F 06642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3932 Lowndes Ave. 9-01 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Lee Sinclair

(a) Residence: No. 3932 Lowndes Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of Henry L. Sinclair

6. DATE OF BIRTH (month, day, year) Sept 14th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Celeste Riley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Henry L. Sinclair

(Address) 3932 Lowndes Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov 20th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Nov 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 34

22. I ~~HEREBY CERTIFY~~. That I attended deceased from Nov 13 to Nov 17 1934

I last saw ~~deceased~~ alive on Nov 15 1934 and death is said to have occurred on the date stated above, at 11 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron Valvular disease of Heart	3 yrs

Other contributory causes of importance:

Cerebral Hemorrhage	2 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Cook M. D.

(Address) 1217 St Paul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F. 06643

F 06643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 516 W. Preston St., 17-Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Carr

(a) Residence: No. 516 W. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stephen Carr

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	-	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cape Charles Va

FATHER

13. NAME Henry Wilson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellen Baker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Carr

(Address) 516 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11-19 19 34

19. UNDERTAKER Jas. Jr. Skinner

(Address) 1330 N. Stricker St

FILED NOV 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to Nov 16, 1934

I last saw her alive on Nov 15, 1934 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral Hemorrhage	7 days

Other contributory causes of importance:

Arterio-sclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) A. Lee Hall, M. D.

(Address) 924 Madison Ave

N. B.—WHITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 06644

F 06644

290 173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel McLean

(a) Residence: No. 413 N. Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-5-1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME Ken

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Elizabeth Reddicks

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Int Auburn Date 11-18 1934

19. UNDERTAKER Bernard P. Keeley

(Address) 818 Druid Hill Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1934 to Nov 14, 1934

I last saw her alive on Nov 14, 1934 Death is said to have occurred on the date stated above, at 11:08 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	May, 1934
Other contributory causes of importance:	
Rheumatic fever, chronic.	1927
mitral stenosis, insufficiency	

Name of operation None Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myrta Swan Cooper, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOTICE

M. D. F 06645

F 06645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 16-al Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Brown

(a) Residence: No. 723 N Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed Unknown

6. DATE OF BIRTH (month, day, year) 1866?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown John Owen

14. BIRTHPLACE (city or town) (State or country) Unknown Md

MOTHER

15. MAIDEN NAME Unknown Sadie Berry

16. BIRTHPLACE (city or town) (State or country) Unknown Md

17. INFORMANT Maude Brown Carey

(Address) 733 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Int Auburn Date 11-19 1934

19. UNDERTAKER Bernard P. Hensley

(Address) 818 Druid Hill Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/16 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-24 1934 to 11-16 1934

I last saw her alive on 11-16 1934 Death is said to have occurred on the date stated above, at 11 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia (4 days)	
Other contributory causes of importance:	
Brights Disease	Unknown
Hypertension	about 7

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Provident Hospital M. D.

(Address)

N. B.—WRITE PLAINLY, WITH INK. ANSWER ALL QUESTIONS. GIVE ALL INFORMATION POSSIBLE. This is a LEGAL RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C.S.3

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M. D. F. 1-8-34

F 06646

F 06646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. 127-01

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna Freburger

(a) Residence: No. 640 E. Fort Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Robert E.L. Freburger

6. DATE OF BIRTH (month, day, year) June 16, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James McNamee

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Cummings

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Nov. 21 1934

19. UNDERTAKER Margaret G. Flynn

(Address) 2107 N. Milton Ave.

20. FILED NOV 19 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1934 to Nov. 17 1934.

I last saw her alive on Nov. 17 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction as result of strangulated femoral Hernia.	
Other contributory causes of importance:	

Name of operation Herniotomy Date of 11/16/34

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. N. Haskell M. D.

(Address) South Baltimore Gen.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-A

F 06647

F 06647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3428 Edmondson (St.) 16-91 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thos E. Hoskins

(a) Residence: No. 3428 Edmondson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Barbara Hoskins

6. DATE OF BIRTH (month, day, year): Oct 3 - 1873

7. AGE: Years: 61 | Months: 1 | Days: 13 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Police Officer 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Eng.

FATHER

13. NAME: Jos. Hoskins

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Margaret Bradley

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Barbara Hoskins
(Address): 3428 Edmondson

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Cem. Date: Nov. 19, 1934

19. UNDERTAKER: Margaret Y. Flynn
(Address): 207 N. Hilton St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16 - 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
Last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Chronic Endocarditis	1 year
Other contributory causes of importance: Chronic Rheumatism	30 years

Name of operation ... Date of ...

What test confirmed diagnosis: Regular ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. C. Luck, M. D.
Coroner

(Address) ...

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 936

NOV 19 1934

M. D. B. F-2 F 06648 ✓ F 06648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2922 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 19 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sir John Charles MacGill

(a) Residence: No. 1007 Frederick St., Ave Ward. Catons Md—
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Annie Thomas

6. DATE OF BIRTH (month, day, year) Dec 25th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 154

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chas. G. H. MacGill

14. BIRTHPLACE (city or town) (State or country) Md—

MOTHER

15. MAIDEN NAME Annie Thomson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records—
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 19th 1934

19. UNDERTAKER Wm H Jenkins Sons
(Address) Edmondson & Caton Aves

20. FILED Nov 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934 to Nov 16, 1934

I last saw him alive on Nov 16, 1934 Death is said to have occurred on the date stated above, at 10:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Asthma	1922
Bronchitis	?
Myocardial Insufficiency (?)	?
Other contributory causes of importance:	
Emphysema	?
Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Eichert M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9 F 06649

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06649

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Hawkins

(a) Residence: No. 405 N Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie

6. DATE OF BIRTH (month, day, year) 9/15/77

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Hawkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Hanna Bowling

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov 20, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 E. Schroeder St.

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct-10, 1934 to Nov 16, 1934

I last saw him alive on Nov 16, 1934 Death is said to have occurred on the date stated above, at 6 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	Oct 3rd
Other contributory causes of importance:	
Four Abscess	Nov 1
Broncho Pneumonia	

Name of operation Appendectomy & Drainage Date of 10-10-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. W. Bryson M. D.
(Address) Johns Hopkins Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—200 M.

F 06650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

130

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1059 W Lexington ST. 18-01 WARD)

2-FULL NAME Mattie Matthews

(a) RESIDENCE NO. 1059 W Lexington ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jerry Matthews

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Accomac Co Va

PARENTS

10 NAME OF FATHER Eddie Edwards

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va

12 MAIDEN NAME OF MOTHER Peggy ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Bertha Lipscomb
(Address) 1014 Bennett Place

15 Filed NOV 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-17-34

17 I HEREBY CERTIFY. That I attended deceased from Oct 24, 1934, to Nov 17, 1934, that I last saw h alive on Nov 17, 1934, and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Acute Nephritis

(duration) yrs. mos. 23 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. F. Hoskins M. D.

11/19, 1934 (Address) 1 W Pratt St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov 19, 1934

20 UNDERTAKER Mrs Katie R. Williams — ADDRESS 32 Schroeder St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06651

CERTIFICATE OF DEATH

06651

Registered No. 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp. St., or Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Katherine Verlack

(a) Residence: No. 304 Tillings Lane St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles L. Verlack

6. DATE OF BIRTH (month, day, year) Mar. 10, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Stolz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Milton Brandt

(Address) 304 E. Tillings Lane

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 14, 1934

19. UNDERTAKER Lown Funeral Home

(Address) Park & Pitcher Sts.

20. FILED NOV 19 1934, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 to Nov 19

I last saw ... alive on Nov 19 Death is said to have occurred on the date stated above, at ... m

The principal cause of death and related causes of importance were as follows:

Internal Injuries
Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of

What test confirmed diagnosis none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/15, 1934

Where did injury occur? Edmondson Ave & Bentalou (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 2200 E Madison St.

Information should be carefully supplied. Age, should be stated EXACTLY. If residence was in state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1768-0

06652 HEALTH DEPARTMENT—CITY OF BALTIMORE E 06652

CERTIFICATE OF DEATH

54-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 2 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louise Bowles

(a) Residence: No. 303 Arabel Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Samuel T. Bowles

6. DATE OF BIRTH (month, day, year) 9/15/~~65~~ 1873

7. AGE: Years 60 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housf. 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edward Schaefer

14. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

MOTHER

15. MAIDEN NAME Lena Seyfrin

16. BIRTHPLACE (city or town) (State or country) Hanau, Germany

17. INFORMANT (Address) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Nov 20 1934

19. UNDERTAKER (Address) Wm. Wickover Sons Hospital Records

for Whitaker, N.D.

FILED 19 Registrar

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/6/34, 19 to 11/2/34, 19

I last saw h~~er~~ alive on 10/17/34 6 45 P m. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulterine fibroids	?
Intestinal obstruction	9/5/34

Other contributory causes of importance:

Operations - 9/6/34

Name of operation Exploratory - 9/8/34 Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Harford, M. D.

(Address) Mercy Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 08653 Hakelberg F 08653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 92-001

1-PLACE OF DEATH

City of Baltimore: (No. 2024 Maryland Ave. St. 12-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Isaac Hakelberg

(a) RESIDENCE NO. 2024 Maryland Ave. St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 20, 1862

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
72	7	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

PARENTS

10 NAME OF FATHER Samuel Hakelberg

11 BIRTHPLACE OF FATHER (city or town) (State or country) Philadelphia, Pa.

12 MAIDEN NAME OF MOTHER Anna M.

13 BIRTHPLACE OF MOTHER (city or town) Camden
(State or country) New Jersey

14 Informant Mr Frank F. Freedlander
(Address) 521 Cropped Ave, Baltimore, Md.

15 Filed NOV 19 1934 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192 11-17-34

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of the Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John J. Morrissey, M. D.

11/17, 1934 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Philadelphia, Penna.	Nov. 19, 1934
20 UNDERTAKER E. Leroy Stuffler, Inc.	ADDRESS 1356 North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every question should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.

M. D. B. 1268-B

F 06654

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06654

CERTIFICATE OF DEATH

X/23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S.Marine Hospital St. 12-01 Ward) Baltimore, Md.

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter A. West

(a) Residence: No. 117 N. Fourth St., Camden, N.J. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of May Carty West

6. DATE OF BIRTH (month, day, year) May 12, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salem, New Jersey

FATHER

13. NAME Charles E. West

14. BIRTHPLACE (city or town) (State or country) Shiloh, N.J.

MOTHER

15. MAIDEN NAME Jane Fisher

16. BIRTHPLACE (city or town) (State or country) Salem, N.J.

17. INFORMANT Records, U.S.Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Hampden Date Nov. 18, 1934

19. UNDERTAKER E. Lepoy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 26, 1934, to November 16, 1934

I last saw him alive on November 16, 1934. Death is said to have occurred on the date stated above, at 10:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic active, far advanced	Unknown

Other contributory causes of importance:

Anemia, secondary	Unknown
Achlorhydria	"

Name of operation ..... Date of ..... Yes

What test confirmed diagnosis? Find. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) U. S. Marine Hospital, Baltimore.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NC 113654

M. D. F 06655

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06655

CERTIFICATE OF DEATH

122-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. LEVINDALE St., 27-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BENJIMAN J. CRAMER

(a) Residence: No. HEBREW HOME FOR AGED St., BELVEDERE AVE Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of SARAH

6. DATE OF BIRTH (month, day, year) 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT aged Hebrew Home

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Levindale Date 11-19-34

19. UNDERTAKER Jack Lewis Inc

(Address) 1739 E. Baltimore St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19/34

22. I HEREBY CERTIFY, That I attended deceased from 1928 to Nov, 1934

I last saw HIM alive on Nov, 19 1934 Death is said to have occurred on the date stated above, at 3 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia (right)	
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Chr. Bronchitis
Inguinal hernia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Edmund Levin, M. D.

(Address) Levindale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-9

F 06656

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06656

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Broadway St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? 36 yrs. mos. ds.

2. FULL NAME Rachael M. Linder

(a) Residence: No. 25 N. Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Abraham

6. DATE OF BIRTH (month, day, year) 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME W. K.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME W. K.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Harry Linder

(Address) 16 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 11-19-34

19. UNDERTAKER Jack Lemp Jr

(Address) 1439 E. Baltimore St

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17-34

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1934 to Nov. 17, 1934

I last saw her alive on Nov. 17, 1934 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	Nov. 17
Myocardial degeneration (senile) ? Arteriosclerosis.	?

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Linder M. D.

(Address) 16 S. Broadway.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B. 3

H. D. [illegible]

F 06657

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06657

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Solomon Goldberg

(a) Residence: No. 1723 Penna Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Katie

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Harry Goldberg

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah Golomb

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Katie Goldberg
(Address) 1723 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL
Dist. Mount Carmel Date 11/20/34

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E Baltimore St.

20. FILED NOV 19 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Wiener Coroner, M. D.

(Address) 1086 Wilkens Ave

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06658

F 06658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 212N.Belnord Ave St. 6-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? 28 yrs. mos. ds.

2. FULL NAME Edward Schmidt

(a) Residence: No. 212 N.Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marie Schmidt

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Rail Road 03

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Josef Schmidt

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Marie Schmidt
(Address): 212 N.Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Nov.19 1934

19. UNDERTAKER: Frank Cvach & Son
(Address): 1906 Ashland Ave

20. FILED _____ 19__ _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov.17/34 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1934 to Nov 17 34

I last saw him alive on Nov 16 1934 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis	
Myocardial Insufficiency	Nov 7-34

Other contributory causes of importance:

Acute Cardiac Dilatation	Nov 7-34
Pulmonary Edema	

Name of operation _____ Date of _____

What test confirmed diagnosis Manual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) W. L. Reynolds M. D.
(Address) 156 N. Milton Ave.

SECTION

Please write PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1263-8

F 06659

F 06659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2826 E. Baltimore St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME E. Emory Cheney

(a) Residence: No. 2826 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosalba V. Cheney

6. DATE OF BIRTH (month, day, year) June 9 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore P.O. 58 Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Benjamin Howe Cheney

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Catherine Sibble

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Rosalba V. Cheney
(Address) 2826 E. Baltimore St

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Date Nov 20, 1934

19. UNDERTAKER Chas. L. Black
(Address) 702 W. North Ave

20. FILED Nov 19 1934 [illegible] Registrar.

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1934 to Nov 17, 1934.

I last saw him alive on Nov 16, 1934. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Aug 1934
Contributory Hypertension	Aug 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. E. Heuck M. D.

(Address) 4904 Eastern Ave 1918

M. D. B. 12 F 06680

F 06680

2923

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 546

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milan Militzer

(a) Residence: No. Washington & 5th ave Ward. Lansdowne Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Verna Militzer

6. DATE OF BIRTH (month, day, year) June 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Joseph Militzer

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Julia ? ?

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date Nov 19th 1934

19. UNDERTAKER A. S. Jones

(Address) 114 S. Eutaw st

20. FILED NOV 19 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934 to Nov 16, 1934

I last saw him alive on Nov 16, 1934 Death is said to have occurred on the date stated above, at 5 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of gall-bladder with extension to liver	about Aug. '34
Liver abscess secondary to carcinoma	" " "

Other contributory causes of importance:

Emphysema	?
Chronic fibroid tuberculosis, both lung apices, healed.	1917

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Regina Susan Cope M. D.

(Address) Johns Hopkins Hospital

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 113934

M. D. B. 1268-9

F 06661

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06661

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anne R. Dent

(a) Residence: No. 2240 Druid Hill Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Dent

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

13. MAIDEN NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

15. NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov. 20 19 34

19. UNDERTAKER Jesse St. Reuben

(Address) 1436 W. Biddle St.

[illegible] 19 34 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-17- 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-5 34 to 11-17- 1934

I last saw him alive on 11-17- 1934. Death is said to have occurred on the date stated above, at 12 22 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Disease (Myocarditis) Bright's Disease	Unknown

Other contributory causes of importance:

(Hypertension)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) Provident Hospital M. D.

(Address)

X. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06662

F 06662

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Md. St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 2 mos. 17 ds. How long in U. S. If of foreign birth 51 yrs. 2 mos. 17 ds.

2. FULL NAME Ethel Ada Miller

(a) Residence: No. 2856 Oakley Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Raymond C. Miller

6. DATE OF BIRTH (month, day, year) Aug-31-1883

7. AGE: Years 51 | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto, Maryland

FATHER

13. NAME Thos. H. Benson

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Florence A. Gladmon

16. BIRTHPLACE (city or town) (State or country) Washington D C

17. INFORMANT Mrs. R. C. Miller-Husband

(Address) 2856 Oakley Av

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 20, 1934

19. UNDERTAKER Howard H. Brown Co.

(Address) 108 W. Mt. Ave.

20. FILED Nov 19 1934, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 17th Nov. 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 11 days 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of Preg Oedema of Glottis & Trachea	4 Days
Other contributory causes of importance: Diabetes Mellitus	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

Coroner

(Address)

N. B.—WRITE PLAINLY, WITH INDIAN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 06663

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06663

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5111 Brook Green Rd. (St.) 28-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. 0 mos. 23 ds. How long in U. S. If of foreign birth 88 yrs. 0 mos. 23 ds.

2. FULL NAME Sarah Cordelia Marston

(a) Residence: No. 5111 Brook Green Rd St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Henry H. Marston

6. DATE OF BIRTH (month, day, year): October 26-1846

7. AGE — Years: 88 | Months: 0 | Days: 23 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: Solomon Kring

14. BIRTHPLACE (city or town) (State or country): Lancaster Pa.

MOTHER

15. MAIDEN NAME: Maria L. Frey

16. BIRTHPLACE (city or town) (State or country): Balto Maryland

17. INFORMANT: Mr. Henry H. Marston (son)

(Address) 5111 Brook Green Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Date: Nov 20 1934

19. UNDERTAKER: Stewart Morgan Co.

(Address) 1084 W North Ave.

20. FILED 19... *Registrar.

Mailed Certificate to Mr. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1934 to Nov 18 1934

I last saw h[illegible] alive on Nov 18 1934 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia (primary)	Nov 13
Facts Verified Joseph L. Valentine Coroner	
Other contributory causes of importance: Intra-Capsular Fracture	
Sept trip. Nov 18-1934	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury Oct 11 1934

Where did injury occur? In Bed Room

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fall.

Nature of injury Intra Capsular Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James C. Clarke, M. D.

11-19-34 (Address) Med. Arts Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06664

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06664

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 16-01 Ward)

Registered No. /

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Patterson

(a) Residence: No. 1209 W Franklin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Reynds

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 20 1937

19. UNDERTAKER Lottie Gross

(Address) 1408 Ashland

NOV 19 1937 19 Huntington Funeral Home, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1936 to Nov 17 1937

I last saw him alive on Nov 17 1937 Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	5
Myocardial Insufficiency	5 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J D Magee M. D.

(Address) Balt City Hosp

V S 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 06665

F 06665

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Loc. of Hyatt Rd. and Lane 1348

CITY OF BALTIMORE: (No. Sheltings Sanitarium St. Catonsville, Md. Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry T. Corsuch

(a) Residence: No. 3635 Elm Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lee Ella Corsuch

6. DATE OF BIRTH (month, day, year) Sept. 18, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co, Md.

FATHER

13. NAME Lewis Corsuch

14. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

MOTHER

15. MAIDEN NAME Ella Barnes

16. BIRTHPLACE (city or town) (State or country) Carroll Co., Md.

17. INFORMANT Lee Ella Corsuch

(Address) 3635 Elm Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Cem. Date Nov. 20, 1934

19. UNDERTAKER R. S. Mayfield

(Address) 3639 Gallow Road

20. FILED Nov. 19, 1934 By Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1934 to November 17, 1934

I last saw him alive on November 12, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset ?

Other contributory causes of importance:

Coronary Embolism — 11/17/34

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm Sober Fort M. D.

(Address) 202 Preston St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NC

M. D. H. 1268-A

F 06666

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06666

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Edward Phillips

(a) Residence: No. 1367 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sep 2/34

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward Phillips

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Vema Griffin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Vema Griffin
(Address) 1367 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date Nov 19, 1934

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans st

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dehydration-acidosis	
Other contributory causes of importance: History of acute intestinal disturbance	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos H Waesche for E Norris Coroner, M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

M. D. B. F-9 F 06667

F 06667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 16-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Nagle (Joseph Franklin Nagle)

(a) Residence: No. 3946 Edmondson Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara (Lap)

6. DATE OF BIRTH (month, day, year) February 22, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beavers Ice Plant

10. Date deceased last worked at this occupation (month and year) Oct. 1934

11. Total time (years) spent in this occupation 1 mo.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph H. Nagle

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth A. Pennington

16. BIRTHPLACE (city or town) (State or country) Talbott Co. Maryland

17. INFORMANT Mrs. Elizabeth Bateman

(Address) 3946 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Nov. 19 1934

19. UNDERTAKER Robt. L. Cook

(Address) 1003 W. Baltimore St.

20. FILED Nov 19 1934 Registrar.

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17 1934

I HEREBY CERTIFY, That I attended deceased from Oct. 28, 1934 to Nov 17, 1934

I last saw him alive on Nov 17, 1934. Death is said to have occurred on the date stated above, at 11 45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism, Chronic	>
Pellagra, alcoholic	1 mo?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) J. P. Magruder, M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265 F 06668

F 06668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 15-01 Ward)

Registered No. 9922

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Jenkins

(a) Residence: No. 1362 N. Calhoun St., ST Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced (or) WIFE of Solon

6. DATE OF BIRTH (month, day, year) 2/14/15

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Charles Agee

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bessie Wright

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pikesville Md Date Nov 20 1934

19. UNDERTAKER Adolphus Halstead

(Address) 752 Druid Hill Ave.

20. FILED 10 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6 1934 to Nov 15 1934

I last saw her alive on Nov. 15 1934 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	10-0-34
Tuberculous Meningitis	11-6-34

Other contributory causes of importance: Pregnancy at Term

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John M. Sims Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1934

M. D. B. 12 F 06669

F 06669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 8-A Ward)

Length of residence in city or town where death occurred 6 yrs. 30 mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Rose Laumaster

(a) Residence: No. 1832 N Bond St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of David Laumaster

6. DATE OF BIRTH (month, day, year) Sept 21, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 057

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Piechowitz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Francis Snyder

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date 11/21/34 19

19. UNDERTAKER Geo. M. Roth & Son
(Address) 1745 N. Gilmor St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 , 1934 to Nov 17 , 1934

I last saw her alive on Nov 17, 1934 Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cholecystitis	11-12-34
Other contributory causes of importance:	
Pulmonary embolus	11-17-34

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) John W. Carnaby M. D.

(Address) Md. General Hospital

M. D. B. 1268-9

F 06670

✓ F 06670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1109 W 40th St St. 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Poth

(a) Residence: No. 1109 W 40th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis Poth.

6. DATE OF BIRTH (month, day, year) June 10, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Samuel Tandy.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Leonard.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Samuel S. Tandy.
(Address) 1109 W 40th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 20, 1934

19. UNDERTAKER Chenoweth Son.
(Address) 3615-17 Chestnut Ave.
Huntington Park, Md.
Registrar

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5th, 1934 to Nov 18th, 1934

I last saw h[illegible] alive on Nov 18th, 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Same	

Name of operation No Date of

What test confirmed diagnosis? Microscopical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) W. A. Leavitt, M. D.

(Address) 3615 Penn. Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 06671

HEALTH DEPARTMENT—CITY OF BALTIMORE F 06671

CERTIFICATE OF DEATH

124-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Univ Memorial Hospital 334 E Calvert St.) (or) (13 Ward)

Length of residence in city or town where death occurred Life yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME John Tyson Hood

(a) Residence: No. 3913 Keswick Rd St., .. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Hood

6. DATE OF BIRTH (month, day, year): Feb 28, 1882

7. AGE Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
52	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md.

FATHER
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Beatrice Shay
(Address) 719 Fields St

18. BURIAL, CREMATION, OR REMOVAL
St. Mary's Hampden Date Nov 21, 1934

19. UNDERTAKER: Chenoweth Son
(Address) 3615-17 Eastern Ave

20. FILED NOV 19 1934 Huntington Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/31/34, 19 to 11/18/34, 19
I last saw him alive on 11/18/34 Death is said to have occurred on the date stated above, at 9:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver - portal	8-1-34
Other contributory causes of importance:	

Name of operation: none Date of: —
What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury .., 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. Jacobs M. D.
(Address) Union Memorial Hosp

M. D. B. 1268-9

F 06672 ALTH DEPARTMENT—CITY OF BALTIMORE F 06672

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret W. Keeler (Griffith)

(a) Residence: No. 869 Park Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Olin Griffith (divorced)

6. DATE OF BIRTH (month, day, year) Jan. 7, 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Wheeler

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Agnes Reynolds

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records (Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Mount Cathedral Date Nov 21, 1934

19. UNDERTAKER Chenoweth Bros. (Address) 3615-17 Chestnut Ave

20. [illegible] Huntington Pennsylvania

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 20, 1934 to Nov 18, 1934

I last saw her alive on Nov 18, 1934 Death is said to have occurred on the date stated above, at 8 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	7 Mo

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) [illegible] M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1934

M. D. B. 1268 F 06673

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06673

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 Dennison St., 16-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Mathilda Ashton

(a) Residence: No. 716 Dennison St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alfred E. Ashton

6. DATE OF BIRTH (month, day, year) July 16 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Mansfield

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Batty

16. BIRTHPLACE (city or town) (State or country) Lancaster

17. INFORMANT Alfred E. Ashton

(Address) 716 Dennison

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11 | 21 | 34 19

19. UNDERTAKER Jno. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED ..... 19 ..... Registrar

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17th 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leo Knott Coroner, M. D.

(Address) 20 Penn

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S C

M. D. B. 12 F 06674

F 06674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 605 Harvey St St. 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle V. Kraft

(a) Residence: No. 605 Harvey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas E. Kraft

6. DATE OF BIRTH (month, day, year): August 4 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: George H Lutsche

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Emiline Scheckles

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Miss Kraft
(Address): 605 Harvey St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: 11/20, 193

19. UNDERTAKER: I. F. McCully
(Address): 130 E Fait

20. FILED NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932, 19 to 11.16.34, 19

I last saw h alive on 11.16.34, 19. Death is said to have occurred on the date stated above, at 805 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine Carcinoma	

Other contributory causes of importance:

Name of operation: Clinical - microscopic. Date of:

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

M. D. B. 1268-9

F 06675

HEALTH DEPARTMENT—CITY OF BALTIMORE

06675

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2528 West Franklin St. 20-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Henry Kidwell

(a) Residence: No. 2528 West Franklin St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Orpha Kidwell

6. DATE OF BIRTH (month, day, year) June, 11th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	5 6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fuller in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Woolen Mills

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles Kidwell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT William F. Kidwell
(Address) Halethorpe Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date Nov. 20 19 34

19. UNDERTAKER Joseph H. Cook
(Address) 1003 West Baltimore St

20. FILED NOV 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1934 to Nov 18 1934

I last saw h. alive on Nov 17 1934 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and paralysis	Nov 8/34
Other contributory causes of importance:	
Asteris-sclerosis	1928
Hyper-tension	1928

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter Dreibelbis M. D.

(Address) 2220 Garrison Blvd

M. D. B. 1268-9

F 06676 F 06676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2916 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie McAllister

(a) Residence: No. 1107 Rutland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

6. DATE OF BIRTH (month, day, year)				
			Jan 1877	
7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57			

If married, widowed, or divorced HUSBAND of (or) WIFE of

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Pleasant Camp

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 20 1934

19. UNDERTAKER Robert F Wiseman

(Address) 1515 Mc Elderry St

20. FILED NOV 19 1934 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934 to Nov 16, 1934

I last saw h[illegible] alive on Nov 16, 1934 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	?
Other contributory causes of importance:	
	Oct

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myrtle Susan Cooper M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

06677

F 06677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1-PLACE OF DEATH

City of Baltimore: (No. 525 Tunbridge Road St. 27-61 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Annie T. Lemke

(a) RESIDENCE NO. 525 Tunbridge Road St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. 9 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of George Lemke

6 DATE OF BIRTH (month, day, and year) February 4, 1880

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	54	9	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

0 39

9 BIRTHPLACE (city or town)
(State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER John M. Hammond

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Sophie Stockman

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. W. Nicoll Hale
(Address) 525 Tunbridge Road

15 Filed NOV 19 1934 19 Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18, 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Embolism

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Nephritis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Joseph L. Valentine M. D.

19 (Address) 16 South Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Ridge — DATE OF BURIAL Nov. 21, 1934

20 UNDERTAKER Horace F. Burgee — ADDRESS 7031 Falls Rd.

M. D. B. 1268-9

F 06678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 06678

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 S. Bouldin St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Grisendaffer

(a) Residence: No. 322 S. Bouldin St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 23rd 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40 yrs	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Chas. P. Grisendaffer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Dudley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Florence Gomegys. (Address) 322 Bouldin St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet, Date Nov. 20, 1934

19. UNDERTAKER John A. Tynan (Address) 3000 E. Baltimore

20. FILED Nov 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 17th, 1934, to Nov. 16, 1934

I last saw h alive on Nov. 16, 1934 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Uremia)	?
Other contributory causes of importance:	
Uraemia	2 days

Name of operation — None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. Kader, M. D.

(Address) 2306 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1934

M. H. D. 1268-9

F 066879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Dead on arrival At St Josepph Hospital — Registered No. 131

CITY OF BALTIMORE: (No. ____ St., ____ Ward) — (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. 4 mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME — Francis E. Gosnell

(a) Residence: No. 1616 E. Lanvale St., ____ Ward. (Usual place of abode) — (If non-resident give city or town and State) Carroll Co Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie E.

6. DATE OF BIRTH (month, day, year): Aug 15/1862

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	72	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Springfield Hospital

10. Date deceased last worked at this occupation (month and year): 4 mons ago

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Carroll Co., Md.

FATHER

13. NAME: Thomas B. Gosnell

14. BIRTHPLACE (city or town) (State or country): Carroll Co., Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Carroll Co., Md.

17. INFORMANT: Thomas B. Gosnell (Son)

(Address): 1616 E. Lanvale St

18. BURIAL, CREMATION OR REMOVAL: Morgan Chapel — Date 11/22/34

19. UNDERTAKER: Wareum Coons

(Address): 1217 St Paul Street

(Filed) NOV 19 1934 — Huntington, Wis. — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 19/34

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h__ alive on ____, 19__. Death is said to have occurred on the date stated above at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure.	

Other contributory causes of importance:

Nephritis
Aortic Insufficiency
Hypertension

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____ If so, specify ____

(Signed) J. H. Bacon, M. D. Coroner

(Address) 508 E Northern

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06680

06680 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124002

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. ..... St., 2-61 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James J. Hepner

(a) Residence: No. 604 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stella Wachowiak Hepner

6. DATE OF BIRTH (month, day, year) March 28, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. out

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Hepner

14. BIRTHPLACE (city or town) (State or country) Posen Germany

MOTHER

15. MAIDEN NAME Aneline ?

16. BIRTHPLACE (city or town) (State or country) Posen Germany

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date NOV 20, 1934

19. UNDERTAKER John F. Weber
(Address) 401 S. Chester St

21. FILED NOV 19 1934 Huntington, West Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 19 34

22. I HEREBY CERTIFY, That I attended deceased from November 17, 19 34 to November 17, 19 34

I last saw him alive on November 17, 19 34 Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, hypertrophic	Unknown
Valvular heart disease, combined lesions, aortic & mitral	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Path. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm Gordon M. D.

(Address) U.S. Marine Hospital, Balto.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 19 1934

1-30—M & T—500 B—501.

06681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06681

94-001

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1319 W. 42nd ST. 13-01 WARD)

2-FULL NAME Daniel A. Lynch

(a) RESIDENCE NO. 1319 W. 42nd ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S., if of foreign birth? --- yrs. --- mos. --- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Helen A. Brown

6 DATE OF BIRTH (month, day, and year) July 17, 1889

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	4	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Accountant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Stein Bros. & Boyce

9 BIRTHPLACE (city or town) Harford County
(State or country) Maryland

PARENTS

10 NAME OF FATHER Daniel E. Lynch

11 BIRTHPLACE OF FATHER (city or town) Georgetown
(State or country) D. C.

12 MAIDEN NAME OF MOTHER Mary Shanahan

13 BIRTHPLACE OF MOTHER (city or town) Harford Co.
(State or country) Maryland

14 Informant Mrs. Mary S. Lynch

(Address) 1319 W. 42nd Street

15 Filed NOV 19 1934, 19.. Huntington Williams Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-18 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

t Pneumonia

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary)

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John H. Morgan, Coroner, M. D.

11/19 1934 (Address) 362 W. Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL 11/21 19 34

20 UNDERTAKER Henry W. Meares Son

ADDRESS 804 N. Calvert

NOV 19 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

M. D. F. 1268-9

F 06682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4125 Falls Road St. 13-01 Ward)

Length of residence in city or town where death occurred 56 yrs. 8 mos. 29 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph F. Chalk

(a) Residence: No. 4125 Falls Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 19th 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Franklin Chalk

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Regina Stone

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mrs. Mary R. Chalk

(Address) 4125 Falls Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date Nov. 20, 1934

19. UNDERTAKER Henry W. McCausland

(Address) 805 N. Calvert St.

20. FILED NOV 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st, 1934, to Nov. 17, 1934

I last saw him alive on Nov. 17, 1934. Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance:	
Coronary Thrombosis	1 day

Name of operation None Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Kadis, M. D.

(Address) 2306 Eutaw Pl

V 53

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals Tuberculosis — Registered No. F 06683

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. (14-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Tydings

(a) Residence: No. 520 Robert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug. 13, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2 3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Percy Tydings

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Edna Goodwin

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Hosp. Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Ivy F. Auburn Date 11/20/34

19. UNDERTAKER George E. Kollas
(Address) 1021 Druid Hill Ave

Registrar.

NOV 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1933 to Nov. 17, 1934

I last saw her alive on Nov. 17, 1934 Death is said to have occurred on the date stated above, at 445 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug. 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06684

06684 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No.) BALTIMORE, MD. St. 17-01 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elena Weaver

(a) Residence: No. 1336 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Edward Do.

6. DATE OF BIRTH (month, day, year) July 11 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Isaac H. Stewart

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Elena Quince

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT J. Edward Weaver
(Address) 1336 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 11/20/34

19. UNDERTAKER Mrs. Geo. E. Bollard
(Address) 1631 Druid Hill Ave

19. [illegible] 19[illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~December~~ 8, 1934 to November 16, 1934
I last saw h[illegible] alive on November 16 1934 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis and Peritonitis	
2. Post-operative intestinal obstruction	
Other contributory causes of importance:	
1. Pneumonia	

Name of operation Appendectomy Date of 10-12-34

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

NOV 19 1934

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-

F 06685

F 06685

HEALTH DEPARTMENT—CITY OF BALTIMORE

V. 137

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME William Woolford

(a) Residence: No. 1233 Jones St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Susie Woolford

6. DATE OF BIRTH (month, day, year): Feb 28, 1859

7. AGE: Years 75; Months 8; Days 23; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? 087

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Cambridge Md

FATHER

13. NAME: Stephen Woolford

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah ?

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date Nov. 20. 1934

19. UNDERTAKER: H. Sander Sons Inc.

(Address) 1710 Pleet St

FILED ..... 19... ..... Registrar.

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1934 to Nov 18 1934

I last saw him alive on Nov 18 1934 at 2.55 P.M. and that death is said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostate Hypertrophy	?
Urinary Retention	1934
Other contributory causes of importance:	
Uremia	11/05 34

Name of operation: None Date of ...

What test confirmed diagnosis? N. G. H. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Samuel A Good M. D.

(Address) Balto City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268 F 06686 F 06688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 Annabella St. 25-6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruby Sabella

(a) Residence: No. 532 Annabella St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, 2 hrs. or ... min.
5 Mo Gestation			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) 532 Annabella Baltimore

FATHER

13. NAME Tony Sabella

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Angelina Planthera

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Tony Sabella 532 Annabella St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dolphin Slab Board Date Nov 19 1930

19. UNDERTAKER [illegible]

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18-1930

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1930 to Nov 18 1930

I last saw h[illegible] alive on Nov 16 1930 Death is said to have occurred on the date stated above, at 11 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 5 mo Gestation	5 Days 11/30
Other contributory causes of importance:	
Nil	

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos B Kelly M. D.

(Address) 1 W Hoyer

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

300

NOV 25 1930

0566

M. D. P. 120 Y 06687

F 06687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospitals - 1 Bc

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21 - Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carroll F Tyler

(a) Residence: No. 1224 James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Tyler 1890

6. DATE OF BIRTH (month, day, year) Nov. 11, 18[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theater

10. Date deceased last worked at this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) ..... (State or country) Maryland

FATHER

13. NAME Jackson Tyler

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Julia Todd

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 11/21/ 1934

19. UNDERTAKER John F Cowan & Son
(Address) 901 Hollins St.

20. FILED [illegible] Registrar.

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 . 1934 to Nov. 18 . 1934

I last saw him alive on Nov. 18 . 1934 Death is said to have occurred on the date stated above, at 4½ Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer Sverbon M. D.

(Address) Balto City Hospitals

INSTRUCTIONS: Information should be furnished by informant, if possible. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-F 06688

F 06688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 17 W. Hill St. 22-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Fannie Balsk

(a) Residence: No. 17 W. Hill St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Balsk

6. DATE OF BIRTH (month, day, year) 1844

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
90 yr.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Rubin Gordon

(Address) 2216 Westwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Washington Cem. Date 11/20 1934

19. UNDERTAKER S. Levinson Bro

(Address) 1127 Pulaski St

20. FILED ..... Huntington & Pennsylvania Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/20 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1934 to Nov. 19 1934

I last saw h... alive on Nov. 18 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	2

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. Kaden M. D.

(Address) 2306 Eutaw St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-5 F 06689

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06689

2925

CERTIFICATE OF DEATH

T/94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Hewitt

(a) Residence: No. Belair Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-1-70

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0+0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER

13. NAME George Hewitt

14. BIRTHPLACE (city or town) (State or country) Germany

FATHER

15. MAIDEN NAME Mary Hackett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL Interred Loudon Park Md 11/23/34

19. UNDERTAKER Kane Foster (Address) Belair Md

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934 to Nov 20, 1934

I last saw him alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 12 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	11-19-34
Benign Prostatic Hypertrophy	2 yrs
Arteriosclerosis	"
Hypertension	"

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? 0

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hospital

C. S. 3

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

Dericks

F 06690 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06690

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5301 Dennison Ave St. 27-81 WARD)

2. FULL NAME Rachel Dericks

(a) RESIDENCE NO. 5301 Dennison Ave, ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Dericks. James Dericks

6 DATE OF BIRTH (month, day, and year) Feb 1. 1878

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	9	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Howard Co md.

PARENTS

10 NAME OF FATHER John Green

11 BIRTHPLACE OF FATHER (city or town) (State or country) md

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

14 Informant Edna Jenkins
(Address) 5301 Dennison ave

15 Filed NOV 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/17-34

17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934, to November 17 34 that I last saw h[illegible] alive on November 17, 1934 and that death occurred, on the date stated above, at 115 m.

The CAUSE OF DEATH* was as follows:

Chronic Myocard. Ts

(duration) yrs. 10 mos. 17 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward N Peters M. D.

11-19-1934 (Address) 1725 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery — DATE OF BURIAL Nov 21 1934

20 UNDERTAKER Thomas E. Kelson — ADDRESS 303 Forstman st

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. F-9 F 06691

F 06691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Hospital St. 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Joseph Butler

(a) Residence: No. Oakwood A A Co Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam fitter fr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reis Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Michael J Butler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Tagg

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Mrs Margaret Williams
(Address) Oakwood A A Co Md

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 21, 1934

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED NOV 23 1934 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 to 19

I last saw him alive on Nov 19 Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Amputation Right leg. Shock.	
Other contributory causes of importance: Automobile accident	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11/18 1934
Where did injury occur? Patapsco Ave & 6th St.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while
Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph F Denny Coroner M. D.
(Address) 2100 E Madison St

N. B.—WRITE PLAINLY, WITH PEN AND INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06692

M. D. F. 1934

F 06692

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St., 4-01 Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reinhart Searing

(a) Residence: No. 708 W. Lex. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie ?

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME V. [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible] Md

MOTHER

15. MAIDEN NAME Margretha Tolle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rebecca Randolph

(Address) 1125 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Nov 20 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1934 to Nov 16 1934

I last saw him alive on Nov 16 1934 Death is said to have occurred on the date stated above, at 6.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	Oct 6 '34
Lobar Pneumonia	Oct 28 '34
Pulmonary abscess	Nov 11 '34
Other contributory causes of importance:	
Pulmonary atelectasis	Nov 14 '34

Name of operation Thoracotomy Date of Nov 15 '34

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ——— 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) D. E. Eagles M. D.

(Address) Univ Hosp.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 06693

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06693

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 E. Eager st. St. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E. Maloney

(a) Residence: No. 1226 E. Eager St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert E. Maloney Deceased

6. DATE OF BIRTH (month, day, year) July 9, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry McGinnis

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Mary E. McFadden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. John McGinnis

(Address) 226 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Nov. 21, 1934

19. UNDERTAKER Elmer A. Gantzler

(Address) 524 E. Eager St.

20. FILED 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1934 to Nov 19 1934

last saw h[illegible] alive on Nov 13 1934 Death is said to have occurred on the date stated above, at 3:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance: Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Thos. H. Mogavero, M. D.

(Address) 14 E. Eastead St

Form 2634

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

No. 270134

Spec.—2-29-28—L. F. 4—500 Blks.

F 06694

F 06694

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 Taplow Road ST. 27-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ernest Matthias Manger

(a) RESIDENCE NO. 103 Taplow Road ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. 8 mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Laura L. Manger

6 DATE OF BIRTH (month, day, and year) Feb. 11 - 1861

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Retired.

(b) General nature of industry, business, or establishment in which employed (or employer) 0 0 0

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Morton M. Manger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Margaret Weinbrenner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

14 Informant Mrs. Laura L. Manger

(Address) 103 Taplow Rd - Hamilton

15 Filed NOV 20 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 18, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug. 19, 1934 to Nov. 18, 1934

that I last saw h[illegible] alive on Nov. 18, 1934

and that death occurred, on the date stated above, at 2:00 P. m.

The CAUSE OF DEATH* was as follows:

Chron. Parenchymatous Nephritis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis

(duration) yrs 3 mos. ds.

18 Where was disease contracted — If not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) Darius T. Baggott, M. D.

19 (Address) 2229 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Ridge Cemetery	Nov 21 1934
20 UNDERTAKER	ADDRESS
Isaiah Leffler	1600 W. North Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

NOV 20 1934

M. D. B. 1268

F 06695 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06695

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Williams St., 2-4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Margaret Mile

(a) Residence: No. 1000 Williams St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W Miles

6. DATE OF BIRTH (month, day, year) Nov 17-1838

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
? 76	0	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Myrtle Monck

(Address) 1000 Williams St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 22 1934

19. UNDERTAKER Margaret E Flynn

(Address) 1422 Eutaw St

FILED 19 ..... Registrar.

NOV 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/19 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Nov 1934

I last saw h alive on 11/14 1934 Death is said to have occurred on the date stated above, at 2:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	July 1933
Senile gangrene Rt and Left Lower extremity	Nov 11 1934
Other contributory causes of importance: Myocardial Failure	Nov 11 1934

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Isaac Mills M. D.

(Address) 1228 N. Charles ST.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. M. 3

M. D. B. 1268-9

F 06696

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06696

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 13 E. West St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Goldie Irene Neubeck

(a) Residence: No. 13 E. West St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of George Neubeck

6. DATE OF BIRTH (month, day, year) May 14 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Louis Vermillion

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary E. Tydings

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miss Cath. Neubeck

(Address) 13 E West St

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross Date 11/20th 19 34

19. UNDERTAKER E. & B. Harley

(Address) 115 E West St

... Registrar.

NOV 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/14, 1934, to 11/18, 1934

I last saw h.e alive on 11/15, 1934 Death is said to have occurred on the date stated above, at 6:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Other contributory causes of importance: Laryngeal Tuberculosis	
Myocardial Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isaac Miller, M. D.

(Address) 1228 S. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 06697

V. D. R. 5268-9

F 06697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 18-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles George

(a) Residence: No. 880 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel (dead)

6. DATE OF BIRTH (month, day, year) Aug 24, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Ann

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Fin Grand Hearse Date 11/21/34

19. UNDERTAKER J. J. Fahey & Son

(Address) 518 Light St

20. FILED NOV 20 1934 Huntington Publishing Co Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1934 to Nov 16, 1934

I last saw him alive on Nov 16, 1934. Death is said to have occurred on the date stated above, at 5-40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency & Congestive failure	2 hrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I D Hazel, M. D.

(Address) Balt City Hosp.

V S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06698

M. D. H. 1937-8

F 06698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Gainey

(a) Residence: No. 1242 Cohen St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Williams

6. DATE OF BIRTH (month, day, year) July 14, 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Adam Moore

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Jennie Jones

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Nov 23, 1937

19. UNDERTAKER Peter F. Williams (Address) 1515 McElderry St

NOV 20 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1937 to November 16, 1937

I last saw her alive on Nov 16, 1937. Death is said to have occurred on the date stated above, at 8 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	1 Nov
Chronic alcoholism	"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. Shapiro, M. D.

(Address) East City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 5 3

M. D. B. 1268-9

F 06699

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06699

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2757 Alameda Blvd. St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. ELIZABETH BROWN

(a) Residence: No. 2757 Alameda Blvd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Brown

6. DATE OF BIRTH (month, day, year) March 15,1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	81	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Heimbuch

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Fleetner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mr.Wm.H.Brown (Son) 2042 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cemetery Date Nov.20,1934

19. UNDERTAKER HENRY SANDER & SONS, INC. H. F. Sander
(Address) Baltimore & Broadway.

NOV 20 1934 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.17.1934 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1934 to Nov 17 1934

I last saw h[illegible] alive on Nov 17 1934 Death is said to have occurred on the date stated above, at 8.20a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver about	Jan 19
Rectal Metastasis	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Phy Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify —

(Signed) L. V. Meyer M. D.

(Address) 1502 E. 33rd St.

M. D. B 1268-9

06780 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 06700

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 904 Compton St. St. 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shirley M. Reed.

(a) Residence: No. 904 Compton St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) May 12, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Thomas Reed.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Eva Tyson.

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Eva Reed. (mother)

(Address) 904 Compton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date [illegible] 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ... 19... [illegible] Registrar.

NOV 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia.	
Whooping cough.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt, M. D.

11/19/34 (Address) 1017 E. Charles st. Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 6

M. D. B. 1268-9

F 06701 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06701

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 18-64 Ward)

Registered No. 107-001

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Anderson

(a) Residence: No. 539 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caleb (dead)

6. DATE OF BIRTH (month, day, year) May 10, 1882

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or ... min.
52	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Covington Va

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Sarah Matthews

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Glen Date 11/20, 1934

19. UNDERTAKER Saml. H. Chase & Son
(Address) 638 N. Gilmor

NOV 20 1934 19 Huntington Maryland
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1934, to Nov 18, 1934

I last saw her alive on Nov 18, 1934. Death is said to have occurred on the date stated above, at 9:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. P. Magill M. D.
(Address) Balt. City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 06702

F 06702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Balto City Hospitals Tuberculosis Registered No.

CITY OF BALTIMORE: (No. ..... St., 5-24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawton Massenberg

(a) Residence: No. 1306 Mc Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Mac

6. DATE OF BIRTH (month, day, year) ? ? 1902

7. AGE Years	Months	Days	If less than 1 day, hrs. or min.
32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 640

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Sussex, Va

FATHER

13. NAME Willie

14. BIRTHPLACE (city or town) (State or country) Sussex, Va.

MOTHER

15. MAIDEN NAME Mary Taylor

16. BIRTHPLACE (city or town) (State or country) Sussex, Va

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Stoney Creek Va Date 11/20 1934

19. UNDERTAKER Saml. W. Chase & Son
(Address) 638 N. Gilmor

20. FILED NOV 20 1934 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16 1934 to Nov. 17 1934

I last saw him alive on Nov. 17 1934 Death is said to have occurred on the date stated above, at 4.25 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer Jacobson M. D.
(Address) Balto City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 06703

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06703

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Hopkins Hospital St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Blake

(a) Residence: No. 1017 E. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16/1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	12	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Blake

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Laisey Blake

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT John Blake
(Address) 1017 E. Calhoun

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Nov 20 1934

19. UNDERTAKER Samuel F. Cross & Son
(Address) 638 N. Gilmor

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at P.M. in.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix with Peritonitis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John W. Cairns M. D.
Coroner

(Address) 1-08 E Monument

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Nov 20 1934

M. D. P. 1268

F 06704

F 06704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jack Wright

(a) Residence: No. 536 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Wright

6. DATE OF BIRTH (month, day, year) ?

7. AGE: Years 53 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER

13. NAME Jack Everett

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 20 1934

19. UNDERTAKER Grant Gordon
(Address) 716 Pine

20. FILED Nov 20 1934 Registrar

0 120 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1934 to Nov 16 1934

I last saw him alive on Nov 16 1934 Death is said to have occurred on the date stated above, at 11:50 AM

The principal cause of death and related causes of importance were as follows:

Carcinoma Cervix - Peritoneal — Date of onset 3 1

Other contributory causes of importance: Uremia, Pneumonia bronchial — Date of onset ? ½

Name of operation Laparotomy Date of 11/14/34

What test confirmed diagnosis? ? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel L. Lee M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 126 F 06705 ✓ F 06705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 24-01 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Santino

(a) Residence No. 1275 William St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) March 16 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done; as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Christopher

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Lombardi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Nov. 21 1937

19. UNDERTAKER Frank Della Noce

(Address) 52 N. Morley St.

20. FILED Nov 22 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18 1937

22. I HEREBY CERTIFY, That I attended deceased from August 27 1937 to Nov 18 1937

I last saw him alive on Nov 18 1937 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 hrs
Arteriosclerosis Senile	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. P. Frazell M. D.

(Address) Balt City Hosp

K

V.S.

CERTIFICATION NOT VALID UNLESS SIGNED WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 12

F 06706

F 06706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 Linden St. Ave (Ward) 61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Standish McCleary.

(a) Residence: No. 1609 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Divorced

6. DATE OF BIRTH (month, day, year): Jan 19-1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 054

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: John W McCleary

14. BIRTHPLACE (city or town) (State or country): West Va

MOTHER

15. MAIDEN NAME: Ella Sambright

16. BIRTHPLACE (city or town) (State or country): Shepherdstown W Va

17. INFORMANT (Address): John W McCleary 1609 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Shepherdstown W Va Date 11/20, 1934

19. UNDERTAKER (Address): John A Mitchell Sons 1900 Eutaw place

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19-1934

22. I HEREBY CERTIFY, That I attended deceased from November 18 1934 to November 19 1934

I last saw him alive on November 19 1934 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/18/34
Congestive Myocardial Failure	11/18/34

Other contributory causes of importance:

Name of operation Not Applicable Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas Bond Wolff M. D.

(Address) 11 E. Chase St.

OCCUPATION

= Road =

Wolff

M. D. R 12 F 06707 ✓ F 06707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2701 Boston St. Harbor 1-01 St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 20, 19 34

19. UNDERTAKER .....
(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 6, 19 34

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 ...

I last saw h... alive on ....., 19 ... Death is said to have occurred on the date stated above, at 12 NN m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	
1 Day Old	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) T. F. Hennessy M. D.
Coroner

(Address) 1306 Wilkens Ave

M. D. B. 12 **F 06708** **F 06708**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-004

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 S Fagley St., 26-01 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Bisasky

(a) Residence: No. 629 S Fagley St., ... Ward.
(Usual place of abode) (If non-residents give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 23-1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
22	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph Bisasky

14. BIRTHPLACE (city or town) (State or country) Checho Slovakia

MOTHER

15. MAIDEN NAME Helen Elyak.

16. BIRTHPLACE (city or town) (State or country) Checho-Slovakia

17. INFORMANT Michael Bisasky
(Address) 629 S Fagley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date Nov-22. 1934

19. UNDERTAKER Lilly & Zeberlein
(Address) 403 S Bel Air Ave.

20. FILED ... 19...

NOV 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1. 1934 to Nov 18. 1934

I last saw him alive on Aug 18. 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
Brain Tumor	July 34
Other contributory causes of importance: Cardiac Dilation	Nov 18 34
	about

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? How long? ...

(Signed) William J. Rayner M. D.

(Address) 801 S Lakewood

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARION RESERVES FOR BINDING

M. D. B 1268-9

F 06709

F 06709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH Pronounced dead at — Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Burch

(a) Residence: No. 331 ½ Front St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 20 . 1934

19. UNDERTAKER
(Address)

20. FILED Nov 20 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 13 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ...

I last saw h... alive on January . 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute alcoholism about 2 hours	
acute dilatation heart sudden	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) James M Fenton Coroner . M. D.
(Address) 7 Love Lane

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

29

Vs 6

NOV 20 1934

08730

M. D. B. 1-9 F 06710 ✓ F 06710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Ball

(a) Residence: No. 1114 Watson St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Jan 6, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country) Washington D C

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place University Pk Date Nov 20 1934

19. UNDERTAKER ...

(Address) ...

20. FILED 19... [illegible]

NOV 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1934 to Nov 13, 1934

I last saw him alive on Nov 13, 1934 Death is said to have occurred on the date stated above, at 5-00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J P Magee M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

06711 HEALTH DEPARTMENT—CITY OF BALTIMORE 6711

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 22-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 4 mos 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence A. Bush. (C)

(a) Residence: No. 627 S. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of Lillian Bush. (C)

6. DATE OF BIRTH (month, day, year) June 27, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur. 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wl Clarence A. Bush (C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

MOTHER

15. MAIDEN NAME Gertrude Williams. (C)

16. BIRTHPLACE (city or town) (State or country) Mass.

17. INFORMANT Gertrude Bush. (C) mother.

(Address) 627 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11-21-1934

19. UNDERTAKER James A. Hayes

(Address) 1424 W. Pratt St.

Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5.10 a. m.

The principal cause of death and related causes of importance are:

	Date of onset
1st & 2nd degree burns of the face and hands. Overturning of oil lamp on table. Accidental death.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/13/34

Where did injury occur? 149 N. Hamburg St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home.

Manner of injury Overturning of oil lamp.

Nature of injury 1st & 2nd degree burns.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

11/19/34 (Address) 1017 E. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 20 1934

M. D. B. 1268-9

F 06712

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06712

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 N Wolfe St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rena Sullivan

(a) Residence: No. 1813 N Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John M Sullivan

6. DATE OF BIRTH (month, day, year) Nov 9th 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Geo Grossman

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Koenig

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Wm H Grossman

(Address) 1536 McHenry ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date 11/22/34 19

19. UNDERTAKER Geo Schilling & Sons

(Address) 1126 Monument St

20. FILED 19

NOV 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1934 to Nov. 18 1934

I last saw h alive on Nov 18 1934 Death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	Oct 1933
Other contributory causes of importance: Cerebral Metastasis	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John O Polk M. D.

(Address) 926 N Monroe St

M. D. B. 12 F 06713

F 06713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Francis Logue

(a) Residence: No. Westminster St., Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edna Logue

1870

6. DATE OF BIRTH (month, day, year) July 21 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

FATHER

13. NAME John H Logue

14. BIRTHPLACE (city or town) (State or country) Grave mills Maryland

MOTHER

15. MAIDEN NAME Mary A Adelsberger

16. BIRTHPLACE (city or town) (State or country) Westminster Maryland

17. INFORMANT Mrs Edith Logue

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place St John's Westm'r Date Nov 23, 1934

19. UNDERTAKER H Bankard & Son

(Address) Westminster Md

20. FILED NOV 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1934 to Nov 20, 1934

I last saw him alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 5:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis & decompensation	Chronic
Chr. Glomerular Nephritis	6 yrs.
Pulmonary Embolism	11/19/34
Other contributory causes of importance:	
Sclera Derma (generalized)	4 yrs.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) D. D. Eagles, M. D.

(Address) Univ. Hosp.

N. B.—WRITE PLAINLY, WITH PENCIL OR PEN. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 23 1934

M. D. B. 1268-9

F 06714

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06714

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 16-W Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John G. Jordan

(a) Residence: No. 1722 Harlem Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie G. Jordan

6. DATE OF BIRTH (month, day, year) Oct. 13-1888.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electric Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 030

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Bedford Penna

FATHER

13. NAME Frank W. Jordan

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Salome Minnich

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Fannie Jordan
(Address) 1722 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Bedford Pa. Date Nov. 21, 34

19. UNDERTAKER John J. Moran
(Address) 2000 E. Baltimore St

OV 20 1934

Huntington Pathological Lab

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 , 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov. 19 1934.
Other contributory causes of importance:	
Semi-Paralysis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jas. L. Volk M. D.
(Attending physician)

(Address) 16 South Broadway

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06715

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06715

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10-21 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Reddy

(a) Residence: No. 418 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bedspring

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Reddy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary Reddy
(Address) 418 E Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Jan. 22, 1934

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED JAN 23 1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan, 19 to Jan, 19

I last saw h alive on Jan, 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Myocarditis	

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Kaylor Coroner, M. D.

(Address) 2002 Chase

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are required by law to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Case

JAN 23 1934

M. D. B. 12814

F 06716

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06716

06716

+4906716

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 642 Garrett Ave St., 9-C Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Dora M. Blake

(a) Residence: No. 642 Garrett Ave St., Ward. Canton Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louis J. Blake

6. DATE OF BIRTH (month, day, year) Mch 24 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Charles Oldfield

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Emma Hayes

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Dorothy B. Martin

(Address) 201 E. 28th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Canton Ohio Date Nov 22 1934

19. UNDERTAKER John A. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED NOV 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1934 to Nov. 19, 1934

I last saw h e alive on Nov. 19, 1934. Death is said to have occurred on the date stated above, at 4:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Papillary Carcinoma of ovary with Peritoneal & pleural metastases.	March 1934 ?
Ascites & pleural effusion	

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Bilateral salpingo-oophorectomy Date of Aug 28-1934

What test confirmed diagnosis? Path Study of Specimen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) H. S. Everett M. D.

(Address) 1201 N. Calvert St

INSTRUCTION.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 23 1934

M. D. F 1268-9

John Thomas V. 7 F 06717

06717 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 213

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

CITY OF BALTIMORE: (No. ..... St., 12-21 Ward)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thomas

(a) Residence: No. Richmond County, Va. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Kate Schaefer Thomas (dec'd)

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 10-30-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

FATHER

13. NAME Pete Thomas

14. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

MOTHER

15. MAIDEN NAME Sally Ann Thompson

16. BIRTHPLACE (city or town) (State or country) Richmond Co. Va.

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date Nov. 20, 1934

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1934 to November 16, 1934

I last saw him alive on November 16, 1934 Death is said to have occurred on the date stated above, at 9:26 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractures, compound, comminuted, left radius and ulna, junction of middle and lower third (with infection)	10-30-34
Other contributory causes of importance: Nephritis, chronic, interstital	unknown
Myocarditis, chronic	"

Name of operation Amputation, inpart, left forearm Date of 11-7-34

What test confirmed diagnosis? Phys. exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accidental Date of injury 10-30-1934

Where did injury occur? Reedville, Va. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Aboard Schr. CLEMMIE TRAVERS

Manner of injury Accidentally fell

Nature of injury Fractures, left arm and lacerations

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Deck hand

(Signed) E. L. Tourney M. D.

(Address) U.S. Marine Hospital, Balto. Md.

M. D. F 1268-9. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

F 06718

F 06718 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N Belnord St., 7-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. — mos. — ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

2. FULL NAME Esther Mary Stang.

(a) Residence: No. 620 N. Belnord St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Paul Stang.

6. DATE OF BIRTH (month, day, year) 11/14/1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shenandoah Pa.

FATHER

13. NAME George Hoffman

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME (Unknown)

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Joseph Stang
(Address) 620 N. Belnord.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem Date Nov. 22, 1934

19. UNDERTAKER Eugene F. Ruth Inc
(Address) 153 Hoffman St

20. FILED NOV 20 1934 Huntington Willis
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1934 to Nov 19, 1934

I last saw h. alive on Nov 19, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/16/34
Other contributory causes of importance:	
Chronic interstitial nephritis 2 years	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Frank Janusski M. D.

(Address) 243 Haslet Ave

information should be carefully supplied. AGE should be stated EXACTLY. Fractions of a year should be stated in terms of months, and fractions of a month in terms of days. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 06719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 06719

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 Homestead Street St., 9-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna B. Haubert

(a) Residence: No. 1327 Homestead Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Haubert

6. DATE OF BIRTH (month, day, year) May 21, 1877.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
57	5	28	#####

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Baur

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Veronica Grimm

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT John F. Haubert

(Address) 1327 Homestead Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Nov. 21, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED NOV 20 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18, 1934.

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Nov. 18, 1934

I last saw her alive on Nov. 17, 1934 Death is said to have occurred on the date stated above, at 6.50 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Nov. 12, 1934

Cor. Sclerosis

Interna Sclerosis

Myocarditis

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) J. W. Kousey M. D.

(Address) 1812 N. Broadway

N. B.—WRITE PLAINLY. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. F 06720

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06720

131

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

City of BALTIMORE: (No. 914 E Lexington St. 5-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Henry Trimp

(a) RESIDENCE NO. 914 E Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced (or) WIFE of: Jane

6 DATE OF BIRTH (month, day, and year): March 18 184[illegible]

7 AGE: Years 87 | Months 8 | Days | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Baltimore

(State or country): Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town):

(State or country):

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (city or town):

(State or country):

14 Informant: Henry O Trimp

(Address) 1037 Guilford ave

Filed NOV 21 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 18 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 24, 1934, to Nov 18, 1934, that I last saw him alive on Nov 18, 1934, and that death occurred, on the date stated above, at 10.30 P m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Urine analysis

(Signed) Alfred A Bendrick, M. D.

, 19 (Address) 2221 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — Date of Burial: 11/21 1934

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

N. B.—WHITE PAPER should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 06721

F 06721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Greenmount Ave St., 7-81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Gilchrist Young

(a) Residence: No. 2200 Greenmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Arthur V. Young

6. DATE OF BIRTH (month, day, year): August 10-1878

7. AGE: Years 56 | Months 3 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER FATHER

13. NAME: Patrick Gilchrist

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Margaret Finnerty

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: George B. Young

(Address) 2200 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: 11/23/34

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED 19 (Registrar)

NOV 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1934 to Nov. 20, 1934

I last saw h[illegible] alive on Nov. 20, 1934 Death is said to have occurred on the date stated above, at 4:20 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/17/34

Other contributory causes of importance:

Cardiac Failure	Ulr.

Name of operation: None Date of

What test confirmed diagnosis: Pneumonia Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? c Date of injury , 19

Where did injury occur? c (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place c

Manner of injury c

Nature of injury c

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter C Bacon M. D.

(Address) 100 E 20th St

information should be carefully supplied. AGE should be stated [illegible]. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-1[illegible] F 06722

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06722

121

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. Union Memorial Hospital St., 9-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Mrs. Virginia Rogers

(a) RESIDENCE NO. 3413 Greenmount Ave. St., Ward X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. Earl Rogers

6 DATE OF BIRTH (month, day, and year)
8-17-04

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	30	3	2	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife 037
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer Self

9 BIRTHPLACE (city or town) Baltimore, Md.,
(State or country)

PARENTS

10 NAME OF FATHER Emory Norris

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland -

12 MAIDEN NAME OF MOTHER
Florence Lockingland

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Earl Rogers
(Address) 3413 Greenmount Ave

15 Filed [illegible] Registrar

NOV 21 1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 192
11-19-34

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Suffocation from Asperated Vomitting following Gas & Ether Anesthesia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Appendicitis

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? yes Date of 11/18/34

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John S. Mcnamee, M. D.

19 (Address) 3632 Roland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Balto. DATE OF BURIAL Nov 21 1934

20 UNDERTAKER Wm Cook 1217 St Paul St ADDRESS

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 **F 06723** **F 06723**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 24 Ward) #1

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Kroemert

(a) Residence: No. 1721 Covington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb. 11, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Products Co

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Caspar Kroemert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Strohmer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ricords

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Holy Cross a.a.Co. md. Date Nov 23rd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 1934 to Nov. 20 1934

I last saw h.r alive on Nov. 20 1934 Death is said to have occurred on the date stated above, at 9:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	?
	1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) I Phaneuf, M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268 F 06724 F 06724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1161 N. Mount St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Owen Houston

(a) Residence: No. 1161 N. Mount St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25-1899

7. AGE Years 34 | Months 10 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wilson Houston

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Harriet Tucker

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Emma Houston Thorpe

(Address) 1161 N. Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/21 1934

19. UNDERTAKER Daniel Easton

(Address) 916 Penna ave

NOV 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
5 years	

Other contributory causes of importance:

Name of operation ..... Date of ..... m

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Luck Coroner M. D.

(Address) Catonsville

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last illness and OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 06725

F 06725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 N. Glover St. Ward) Life

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Cermak

(a) Residence: No. 817 N. Glover St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerry J. Cermak

6. DATE OF BIRTH (month, day, year) June 26 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Charles Neuman

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Marie Martinek

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Jerry J. Cermak

(Address) 817 N. Glover st

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Nov. 21 1934

19. UNDERTAKER Philip Herwig Sons

(Address) 2016 Pleasant St

20. FILED Nov 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1932 to Nov 18 1934

I last saw h[illegible] alive on Nov 18 1934 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma	Nov 18 1934
Other contributory causes of importance: Chron. Interstit. Nephritis	Nov 1 1932

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) William J. Grover M. D.

(Address) 801 E. Fairmount

N. B.—WHITE CERTIFICATE. This information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Form 3

NOV 21 1934

Spec.—1-12-23—M&T—500 Blks.

F 06726

F 06726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2122 Park Av. ST. 17-01 WARD)

2-FULL NAME Raymond Winstow

(a) RESIDENCE NO. 2122 Park Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Nov 29 1912

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
22	1912	Nov	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Elkmont Va.
(State or country)

PARENTS

10 NAME OF FATHER Stewart Winston

11 BIRTHPLACE OF FATHER (city or town) Cleveland Va.
(State or country)

12 MAIDEN NAME OF MOTHER Nora Bailey

13 BIRTHPLACE OF MOTHER (city or town) Richmond Va.
(State or country)

14 Informant Nora Winston-Mother
(Address) 2122 Park Av

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 18 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov. 18, 1934, that I last saw h— alive on Nov. 18, 1934, and that death occurred, on the date stated above, at 9:10 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? 2213 Park Av.

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) R. A. Johnson M. D.

, 19 (Address) 2329 Eutaw St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cem

DATE OF BURIAL Nov 21st 1934

20 UNDERTAKER J. Thos Black & A. Elliott Baughan

ADDRESS 1129 Eastern Av

mation should be carefully supplied. Note should be properly classified. Exact statement of OCCUPA-
CAUSE OF DEATH in plain terms, so that it may
TION is very important. See instructions on back of certificates.

NOV 21 1934

M. D. B 1268-9 F 06727

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06727

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Balto City Hospitals - TB 6-01 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Harris

(a) Residence: No. 1516 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, with unfading ink—this is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colred	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eleanor

6. DATE OF BIRTH (month, day, year) July 4, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Nelson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lovenia ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Record
(Address) Edward Davis Dept 733 Edmondson

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Nov 29th 1934

19. UNDERTAKER Mrs Fred A. Elliott - Houghton
(Address) 1129 Woodbine st

20. FILED NOV 21 1934 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934 to Nov 17, 1934

I last saw him alive on Nov 17, 1934. Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	6 yrs
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Meyer Jacobson, M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9

F 06728

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06728

2125 18
R Surg

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 5-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Fatyman

(a) Residence: No. 811 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) May 22, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sol Fatyman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freeman Refkin

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew Cmtly Date Nov 21, 1934

19. UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto st

NOV 21 1934 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1934 to Nov. 17 1934

I last saw him alive on Nov. 17 1934 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	1931
Other contributory causes of importance:	

Name of operation Rt. Craniotomy Date of 11-17-34

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Rumbel M. D.

(Address) The Johns Hopkins Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06729

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06729

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 136 Willard St St. 20-81 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Mory

(a) Residence: No. 136 Willard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa Mory

6. DATE OF BIRTH (month, day, year) Jan 1st 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Turner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Mory

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louisa Mory

(Address) 136 Willard St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Nov 21 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 18 Nov 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1931 to 18 Nov 1934

I last saw him alive on 18 Nov 1934 Death is said to have occurred on the date stated above, at 1.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	3 yrs ago
Other contributory causes of importance:	
Aortic insufficiency	1 yr ago

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Lucas Hooker M. D.

(Address) 2765 Fredericks Ave

NOV 21 1934

Instructions: PRINT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible]

F 06730

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06730

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. [illegible]

CITY OF BALTIMORE: (No. ..... St., ... Ward) 9-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Richard Talbot

(a) Residence: No. 1218 E. Oliver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — Male | 4. Color or Race — White | 5. Single, Married, Widowed, or Divorced (write the word) — Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — none

6. DATE OF BIRTH (month, day, year) — June 25, 1884

7. AGE — Years: 50 | Months: 4 | Days: 24 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — [illegible]

10. Date deceased last worked at this occupation (month and year) — [illegible] | 11. Total time (years) spent in this occupation — [illegible]

12. BIRTHPLACE (city or town) (State or country) — Baltimore

FATHER

13. NAME — Catherine Talbot

14. BIRTHPLACE (city or town) (State or country) — Baltimore

MOTHER

15. NAME — Charles Talbot

16. BIRTHPLACE (city or town) (State or country) — Baltimore

17. INFORMANT (Address) — Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 11/21/1934

19. UNDERTAKER — E. J. Fanning & Son

(Address) 1934 E. Lafayette ave.

FILED ... 19 ... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Nov 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1934 to Nov 19 1934

I last saw him alive on Nov 19 1934 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis - Nephrosis	[illegible]
Pulmonal	[illegible]
Other contributory causes of importance: Uremia	11/16/34

Name of operation None Date of —

What test confirmed diagnosis? ... Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Goodwin M. D.

(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NO 9721 1934

M. D. F 1268-9 **F 06731** **F 06731**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 134

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St. 7-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Cohen

(a) Residence: No. LANSDOWNE, MD St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Sophie

6. DATE OF BIRTH (month, day, year)

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: B. & O. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Not known

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Deputy Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place: New Shomrim Cem. Date: 11/21/34, 19

19. UNDERTAKER: Lewis Levine

(Address) 4396 Balto St.

Huntington Williams Corp.

NOV 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934 to Nov 20, 1934

I last saw him alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 3:21 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralytic Ileus with Shock	11/16/34
Other contributory causes of importance: Nephrolithiasis	

Name of operation: Nephrotomy Date of: 11/16/34

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wilfred K. Konigsberg M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 06732

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06732

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH Pronounced dead at 4-01

CITY OF BALTIMORE: (No. Prison or Hospital) St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Robert E Williams

(a) Residence: No. 757 W Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Williams

6. DATE OF BIRTH (month, day, year) Nov 10 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 02

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schools

10. Date deceased last worked at this occupation (month and year)

11. Total time (months) spent in this occupation few years

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Eugene Williams

14. BIRTHPLACE (city or town) (State or country) Ida Fisher

MOTHER

15. MAIDEN NAME Sallo

16. BIRTHPLACE (city or town) (State or country) Ida Fisher

17. INFORMANT Ida Williams

(Address) 757 W Mulberry

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 11/23 19 34

19. UNDERTAKER Bernard O'Malley

(Address) 818 Druid Hill Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 19 34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on Autopsy, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Nat Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James M Fenton Coroner, M. D.

(Address) Forchaus

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06733

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06733

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 S. Linwood St., 1-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary V. Hobbs

(a) Residence: No. 25 N. Linwood St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Benedict S. Hobbs

6. DATE OF BIRTH (month, day, year): March 26 / 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: R. A. Dunn

14. BIRTHPLACE (city or town) (State or country): Kentucky

MOTHER

15. MAIDEN NAME: Susan Ringold

16. BIRTHPLACE (city or town) (State or country): Bablo

17. INFORMANT: Mr. E. Hobbs

(Address) 25 S. Linwood

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Nov. 22 1934

19. UNDERTAKER: Jas. J. Kerr

(Address) 1156 N. Linwood

Nov 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-19-34

22. I HEREBY CERTIFY, That I attended deceased from 11-10-34 to 11-19-34

I last saw him alive on 11-18-34

Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-10-34

Other contributory causes of importance:

acute Cardiac Dilatation

Name of operation: ... Date of ...

What test confirmed diagnosis: ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

11-20-34 (Address) ...

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Every item of INFORMATION is very important. See instructions on back of certificate. PERMANENT RECORD.

M. D. B. 1268-9

F 06734

F 06734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 N Calhoun St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Bumpstray

(a) Residence: No. 1744 N Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Sallie Bumpstray

6. DATE OF BIRTH (month, day, year): March 10-1888

7. AGE: Years 46 | Months 8 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Stripper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal Mine

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John A Bumpstray

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Fannie Pitcher

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Sallie Bumpstray

(Address) 1744 N Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Nov. 22. 34

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Presstman st

20. FILED: Nov 19 1934 Thos. J. Feehan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/18/34

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1933 to Nov 18 1934

I last saw him alive on Nov 18 1934 Death is said to have occurred on the date stated above, at 1:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 Days
Arteriosclerosis	11 Months
Senescence	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Clifford Gray M. D.

(Address) 1744 N Calhoun Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12 F 06735

HEALTH DEPARTMENT—CITY OF BALTIMORE F 06735

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 N. Vincent St., 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Johnson.

(a) Residence (No. 529 N. Vincent St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elijah Johnson

6. DATE OF BIRTH (month, day, year): July 22-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West River Ann Co Md.

FATHER

13. NAME: Tobe Johnson.

14. BIRTHPLACE (city or town) (State or country): A. A Co Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): A. A Co Md

17. INFORMANT (Address): Mary Harrison 529 N. Vincent

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date NOV 22 34 19

19. UNDERTAKER (Address): Thos. E. Kelson 1303 Presstman St

20. FILED ..... 19 .....

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. Kurtz Coroner, M. D.

(Address)

V56

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

10 V 21 1934

M. D. B. 1268-9

F 06736

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06736

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 Rutland Ave. St., 8-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie V. Whatmough

(a) Residence: No. 1824 Rutland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George A. Whatmough

6. DATE OF BIRTH (month, day, year) April 14, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME William Lloyd

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annie Stinzendorfer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. George A. Whatmough

(Address) 1824 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Nov. 21 1934

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED NOV 21 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1934 to Nov 19 1934

I last saw her alive on Nov 18 1934. Death is said to have occurred on the date stated above, at 4.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 18
Hypertension,	10
Ventricular failure	34
Other contributory causes of importance:	
acute cardiac failure	18

Name of operation Autopsy Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Reg Ross M. D.

(Address) 800 N. Patterson Park Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 06737

F 06737 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 Lyttleton Ave. St. 16-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Walter

(a) Residence: No. 3008 Lyttleton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine J. Walter

6. DATE OF BIRTH (month, day, year) August 1, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionery Store

10. Date deceased last worked at this occupation (month and year) Sept. 29, 1934

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Joseph M. Walter

(Address) 1340 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date Nov. 22, 1934

19. UNDERTAKER Joseph H. Cook

(Address) 1003 W. Baltimore St.

20. FILED NOV 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Nov 19, 1934

I last saw him alive on Nov 19, 1934. Death is said to have occurred on the date stated above, at 3.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? Urine etc Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. A. Lally, M. D.

(Address) 3517 Edmondson Ave.

V. S. 3

INFORMATION—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 0673E

HEALTH DEPARTMENT—CITY OF BALTIMORE 6738

CERTIFICATE OF DEATH

54-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 614 McKewin Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. SOPHIA ELIZABETH MITCHELL

(a) Residence: No. 614 McKewin Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander Mitchell

6. DATE OF BIRTH (month, day, year) March 17,1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Schumacher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine S.Becker

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr.Alexander Mitchell
(Address) 614 McKewin Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cemetery Date Nov.21. 1934

19. UNDERTAKER HENRY SANDER & SONS INC.
(Address) Baltimore & Broadway.

NOV 21 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.19.1934. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12. 1934, 19 to Nov.19, 1934, 19

I last saw her alive on Nov.18,1934, 19 Death is said to have occurred on the date stated above, at 2.35p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pappillom cystoma of Ovary	1934

Other contributory causes of importance:

Name of operation Removal of cyst. Date of 10/15/34

What test confirmed diagnosis? Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John [illegible] M. D.

(Address) 3522 Greenmount Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1930

F 06739

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06739

CERTIFICATE OF DEATH

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH Baltimore City Hospitals 83

CITY OF BALTIMORE: (No. Balto, Md St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Schlegel

(a) Residence: No. 1921 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of George Schlegel

6. DATE OF BIRTH (month, day, year) 4-7-1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) W. Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) W. Virginia

17. INFORMANT Records (Address) Balto City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn. Date Nov 22 1934

19. UNDERTAKER Martin E. Dippel (Address) 622 E Eager St.

20. FILED 19 [illegible]

NOV 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-19 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-23- 1934 to 11-19 1934

I last saw her alive on 11/19 1934 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane.	Unk
Other contributory causes of importance: Lueti Infection	Unk.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry J. Edgerton M.D.

(Address) Baltimore City Hospitals

K

M. D. B. 12[illegible] F 06740

✓ F 06740

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. 11-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Mannion X 101

(a) Residence: No. 262 Colgate Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 19, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, 6 hrs. or 3 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Thomas Mannion

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Abigail Gambrill

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hosp records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pikesville Date Nov 21. 1934

19. UNDERTAKER Mary M. Woodyard
(Address) 57 E 22nd St

Filed [illegible] 19[illegible] [illegible] Registrar.

NOV 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1934 19 to 19

I last saw h. alive on Nov. 19 1934 Death is said to have occurred on the date stated above, at 7:08 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) [illegible] Taylor, M. D.

(Address) Md Gen Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-30 F 06741

F 06741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 918 W. Mulberry St., (Ward) 14-01

Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Susie Simpkins

(a) Residence: No. 918 W. Mulberry St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of James Simpkins

6. DATE OF BIRTH (month, day, year) 10/16/86

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cooking Laundry

10. Date deceased last worked at this occupation (month, day, year) 11/20/34

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Isaac Brown

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

15. MAIDEN NAME Eliza Beans

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Jodie F. Simpkins

(Address) 1012 Eldorado Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 22, 1934

19. UNDERTAKER Mrs. Katie B. Williams

(Address) 3221 Edmondson Ave.

20. FILED Nov 21 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18/ 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31st 1934 to Nov 18th 1934

I last saw her alive on Nov 18th 1934 Death is said to have occurred on the date stated above, at 4:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	7 Days
Other contributory causes of importance:	
Influenza	18 Days

Name of operation None Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) J. T. Gwynn M. D.

(Address) 502 N. Arlington Ave

M. D. F. 1203 F 06742 ✓ F 06742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 W. Lexington St. 18-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Leonia B. Lewis

(a) Residence: No. 112 W Lexington St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
26	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Alexia Lewis

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT J. W. Lewis

(Address) 1112 Lex St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 21, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1934 to Nov 18, 1934

I last saw h___ alive on Nov 18, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ___, 19___.

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 312 W Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

NO 21 1934 Huntington Pulmonary

M. D. D. 1265-9

F 06743

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06743

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Urban

2. FULL NAME ~~Helen~~ Binaw

(a) Residence: No. 2050 Federal St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 7 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed at Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Simpson + Dalla 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Leonard A. W. Binaw

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary Hamilton

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Thos. Ethel R. Binaw

(Address) 2050 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Nov 24 1934

19. UNDERTAKER Henry Hirst Sons, Inc.

(Address) 1301 E. Eager St

Huntington Williams Corp.

NOV 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from September 30, 1934 to November 21, 1934

I last saw h.. alive on November 21, 1934 Death is said to have occurred on the date stated above, at 3:10 PM m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia - lobar	Sept. 30
2. Emphysema - old	
3. Cut diaphragm Stabbing	

Other contributory causes of importance:

Name of operation Thoracotomy Date of 10-1-34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Wm Hamilton M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1768-9

F 06744

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06744

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Guilford Ave. St. 12-Old Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JAMES E. DONOHOE

(a) Residence: No. 2617 Guilford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha R. Donohoe

6. DATE OF BIRTH (month, day, year) December 15th. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Conductor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME William Donohoe

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Maty Holmes

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Martha R. Donohoe Wife
(Address) 2617 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Nov. 22nd. 34

19. UNDERTAKER Chas. F. Evans & Son
(Address) 118 W. Mt. Royal Ave.

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 19th 34 to Nov 19th 34

I last saw him alive on Nov 19th 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1928
Mitral Insufficiency	

Other contributory causes of importance:

Name of operation None Date of

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thompson Stone M.D.

(Address) 401 E. 25th St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 21 1934

M. D. P. 1268-9

F 06745

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06745

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1644 S. Charles. St. St., 03-01 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 6 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George J. Fennington.

(a) Residence: No. 1644. S. Charles. St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Caroline Fennington.

6. DATE OF BIRTH (month, day, year) May 27th. 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or ... min.
65	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 020

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Eng.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Eng.

17. INFORMANT Caroline Fennington.
(Address) 1644. S Charles. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holen Cem Date Nov 21st 1934

19. UNDERTAKER E. Sidney Lowman & Son
(Address) 1634 Bancroft ave
Huntington Williams Funeral Dir.

NOV 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16 1933 to Nov. 19 1934

I last saw him alive on Nov. 18 1934. Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Indefinite
Exhaustion	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) P. L. Cammack M. D.

11/20/34 (Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

MARYLAND RESERVED FOR BINDING

M. D. B. 1268-9

F 06746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 6-01 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1825 Jefferson St. Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Virginia Cooper

(a) Residence: No. 1825 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William A. Cooper

6. DATE OF BIRTH (month, day, year) Aug 26-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME George W. Atwell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Laura Mohr
(Address) 1825 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date Nov 22 1934

19. UNDERTAKER Richard Jones Lee
(Address) 409 N. Broadway

20. FILED NOV 21 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1934 to Nov 19, 1934

I last saw h alive on Nov 14, 1934. Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & Intestines	1 yr
Other contributory causes of importance:	
Intussusception	7 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward H. Cook M. D.

(Address) 413 Cathedral

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-3

F 06747

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06747

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 N. Elwood Ave (Street) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F Gill

(a) Residence: No. 306 N. Elwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adeline M Gill

6. DATE OF BIRTH (month, day, year) Oct 31st 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or, min.
76	0	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Adelyne Gill

(Address) 306 N. Elwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oakdawn Date 11/23 1934

19. UNDERTAKER Wm. Cook

(Address) 1217 St Paul St.

[illegible] 19 [illegible] Registrar.

NOV 22 1934

MEDICAL CERTIFICATE OF DEATH 8 P M

21. DATE OF DEATH (month, day, year) Nov 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/17 1934 to 11/20 1934

I last saw h— alive on 11/20 1934 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Arteriosclerosis	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr Bernard Weiss M. D.

(Address) 1216 E Calvert St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 F 06748 ✓ F 06748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4421 Norwood Rd St 28-6 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kenneth Rede

(a) Residence: No. 4421 Norwood Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Aug 22, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
37	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Investigator 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Federal Relief Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Atlanta Ga

FATHER

13. NAME Wyllys Rede

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Carolyn Potter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Marion Royle

(Address) Columbia S. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Nov 22 19

19. UNDERTAKER Wm Cook

(Address) 1617 St Paul St.

20. FILED NOV 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-13 1934 to 11-21 1934

I last saw h.. alive on 11-20 1934. Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-13-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 11 29 St Paul St.

M. D. B. No. F 06749

F 06749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 622 Melville Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred 58 yrs. 9 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Carroll Melvin

(a) Residence: No. 622 Melville Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Melvin (nee McMahon)

6. DATE OF BIRTH (month, day, year) Feb. 5, 1876.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 009

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George F. Melvin

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgianna Fields

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mrs. Mary A. Melvin
(Address) 622 Melville Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov. 22, 1934

19. UNDERTAKER Harry A. Mitzke
(Address) 401 Edmondson Ave.

20. FILED ..... 19..... Registrar.

NOV 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 18, 1934

I last saw him alive on Nov 15, 1934. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic tuberculosis Nephritis	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) O. L. Long, M. D.

(Address) 418 Southwest

Spec.—1-10-[illegible] M [illegible]

F 06750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 410 Evesham Ave. ST. 27-ab WARD)

2-FULL NAME Eliza Jane Haynes

(a) RESIDENCE No. 410 Evesham Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 74 yrs. 2 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Chas. H. Haynes

6 DATE OF BIRTH (month, day, and year) Sept. 9, 1860

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	2	10 11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None ood

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Samuel Miles

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Elizabeth McElroy

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant (Address) Ida. Billingham. 410- Evesham. Ave.

15 [illegible] NOV 22 1934 [illegible] Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 20 1934

17 I HEREBY CERTIFY, That I attended deceased from May, 1933, to ~~Sept~~ Nov. 1934, that I last saw her alive on ~~Sept~~ Nov. 20, 1934, and that death occurred, on the date stated above, at 5 15 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. 6 hrs ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis Hypertensions

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. Cole M. D.

11-20, 1934 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem. | DATE OF BURIAL Nov. 23-1934

20 UNDERTAKER Harry H White | ADDRESS 410- Edmondson Ave

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE.

F 06751

CERTIFICATE OF DEATH

F 06751

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

1—PLACE OF DEATH

REGISTERED NO. 82

CITY OF BALTIMORE: (No. 1431 Myrtle ave ST. 14-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ada Couch

(a) RESIDENCE NO. 1431 Myrtle ave ST. 25 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: H. Couch

6 DATE OF BIRTH (month, day, and year): April 3, 1883

7 AGE — Years: 51 — Months: 7 — Days: 16 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 037

(b) General nature of Industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Southhampton Co Va.

PARENTS

10 NAME OF FATHER: George A. Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Victoria

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Southhampton Co Va

14 Informant: H. Couch

(Address): 1431 Myrtle ave

15 NOV 22 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 19, 1934

17

I HEREBY CERTIFY, That I attended deceased from Nov 14, 1934, to Nov 19, 1934, that I last saw her alive on Nov. 19, 1934 and that death occurred, on the date stated above, at 4.25 p m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary): Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J Douglas Sheppard, M. D.

, 19 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mount Calvary mo — DATE OF BURIAL: 23 1934

UNDERTAKER: Joseph A Kirby — ADDRESS: 409 N Gilmor St

M. D. F 68-06752

F 06752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-005

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 11-C Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Horton

(a) Residence: No. 312 W. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Not given

6. DATE OF BIRTH (month, day, year) Not given

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Candor, N. C.
(State or country)

FATHER

13. NAME Not given

14. BIRTHPLACE (city or town) Not given
(State or country)

MOTHER

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) Not given
(State or country)

17. INFORMANT Daughter (Beatrice Wade)
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 22 1934

19. UNDERTAKER Jesse W. Redden
(Address) 1436 W. Biddle St

NOV 22 1934

Filed [illegible] 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-20-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-11-1934 to 11-20-1934

I last saw her alive on 11-20-1934 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Chronic~~ Bright's Disease	1-11-34
Other contributory causes of importance:	
Probable Thyroiditis	Unknown
Chronic	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Gregory McDonald M. D.

(Address) Provident Hosp.

M. D. 12 F 06753

HEALTH DEPARTMENT—CITY OF BALTIMORE F 06753

CERTIFICATE OF DEATH

210-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., Ward

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Richard James

(a) Residence: No. 426 E 22½ St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 2, 1913

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	21	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles James

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Jennings

16. BIRTHPLACE (city or town) (State or country) Crew, Va.

17. INFORMANT Annie James
(Address) 426 E 22½ St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date Nov 22nd 1934

19. UNDERTAKER Mrs. Robert A. Clair Daughter
(Address) 1129 Carolina St

20. FILED Nov 22 1934 Huntington Pallbearers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1934 to ..... 19.....

I last saw h..... alive on Nov. 19 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Deep laceration of left thigh
Fem Femoral

Date of onset

Other contributory causes of importance:

Automobile accident

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11 16 1934

Where did injury occur? Caroline St & Lexington St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Run over by a truck which

Nature of injury was to be cut off at.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Edeiany Coroner M. D.

(Address) 2200 E Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 22 1934

M. D. Dec. F 06734

F 06754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

CITY OF BALTIMORE: (No. ..... St., 8 - C (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lorenza Jeffers

(a) Residence: No. 1816 E. Biddle st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	17	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Thomas Jeffers

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Roxboro N C Date Nov. 22 1934

19. UNDERTAKER Robt. V. Williams
(Address) 13-15 McElderry st

FILED ... Huntington ... Registrar

NOV 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20 1934

22. I HEREBY CERTIFY, That I attended deceased from November 28 1933 to November 20 1934
I last saw her alive on November 20 1934 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Aug. 1933

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospitals

M. D. P. 1268-9

F 06755

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06755

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 739 Melville Ave St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Bland

(a) Residence: No. 739 Melville Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John Bland

6. DATE OF BIRTH (month, day, year) Oct 14 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Seabrease

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Qumi Miller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ernest Bland

(Address) 739 Melville Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Nov 23. 1934

19. UNDERTAKER Jos Joerdens & Son

(Address) 217 S. Paca

... Huntington Ave

... Registrar

NOV 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ... about 2 P.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Illuminating Gas Poisoning	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury Nov 21/34

Where did injury occur Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home. Oven & 2 Burners of range on in kitchen.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. H. Cain M. D.

(Address) 5066 Pontiac

V S 6

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

06756 : HEALTH DEPARTMENT—CITY OF BALTIMORE : 06756

CERTIFICATE OF DEATH

1. PLACE OF DEATH Levendale Hebrew Home for Aged & Infirm — Registered No. 22-001

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave. — Ward 27-24)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Lemberg

(a) Residence: No. Belvedere & Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Lemberg

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Abraham Lemberg

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Nasa

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Sigmund Lemberg
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 11-22-34

19. UNDERTAKER Jacob Levy Jr.
(Address) 1439 E. Baltimore

20. FILED NOV 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1933 to 11-21, 1934

I last saw h alive on 11-21-, 1934. Death is said to have occurred on the date stated above, at 7.20 p m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset 11-21-34
Arteriosclerosis
Mitral insufficiency
H. Corner J. Donnegan

Other contributory causes of importance:
Left inguinal hernia.
Left cerebral hemiplegia.
Fracture left femur Dec. 25, 33

Name of operation — Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Edmund Kern, M. D.
(Address) Levendale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. F. 1268-9

F 06757

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06757

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. Mercy Hospital St., 17-9 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm W. Cooper

(a) Residence: No. 807 Harlem ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored Witness | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emily Cooper

6. DATE OF BIRTH (month, day, year) Feb 4 1883

7. AGE: Years 52 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shopper 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME Wm Cooper

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

MOTHER

15. MAIDEN NAME Hannah Powell

16. BIRTHPLACE (city or town) (State or country) Carroll Co.

17. INFORMANT Hannah Powell
(Address) 807 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov. 23, 1934

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

NOV 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M. Fenton, M. D.
Coroner

(Address) 700 Cherry

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

THIS IS A PERMANENT RECORD. Every item of

AdCo. 5-31 250B

F 06758 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 06758

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1537 N. Washington Ave, 6th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise C. Finnessy

(a) Residence: No. 1537 N. Washington Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bernard J. Finnessy

6. DATE OF BIRTH (month, day, year) Dec 18-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robt A. Finnick

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary R. Beyer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Beyers
(Address) 1538 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Nov 22 1934

19. UNDERTAKER Robt C. & B.M. Walters
(Address) 171 S. Stricker St

NOV 22 1934 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1933 to Nov. 19, 1934.

I last saw h[illegible] alive on Nov. 18, 1934 death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy	1933
con	
Other contributory causes of importance:	
Bronchial Pneumonia	2 weeks

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Abigail Littman M. D.

(Address) 1304 E. Chase.

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

M. D. B. 1268-9

F 06759

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06759

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2252 Linden Ave St., Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Flemings

(a) Residence: No. 2252 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dow. H. Flemings

6. DATE OF BIRTH (month, day, year) Aug 10-1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Pleasant Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Dow. H. Flemings

(Address) 2252 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 11 22 34 19

19. UNDERTAKER Mrs George E. Cooper

(Address) 1631 Druid Hill Ave

20. FILED NOV 22 1934 Huntington Fitzhugh Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1934

22. I HEREBY CERTIFY, That I attended deceased from July 31 1934 to Nov 20 1934

I last saw h[illegible] alive on Nov 14 1934 Death is said to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Myocarditis. — Date of onset May 1934

Other contributory causes of importance: Nephritis — 1932

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Cooper M. D.

(Address) 1631 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06760

F 06760 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 22-01 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Anderson

(a) Residence: No. 606 Eisler St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-2-1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	1	6/4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Gray Workman

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Lucille Anderson

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 11/22/34

19. UNDERTAKER Chas L. Cooper
(Address) 514 N. Calhoun St.

Huntington Maryland

NOV 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1934, to Nov 16, 1934.

I last saw him alive on Nov 16, 1935. Death is said to have occurred on the date stated above, at 7.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	9/30/34
Abd. Distension	11/14/34

Other contributory causes of importance:

None

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Woodbridge Lillomore M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-31-150M

F 06761

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06761

CERTIFICATE OF DEATH 1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 121 Key Highway St. 22-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William P. J. Hudson

(a) Residence: No. 121 Key Highway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie A. Hudson

6. DATE OF BIRTH (month, day, year) Feb. 4, 1876

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	58	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Proprietor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co., Va.

FATHER

13. NAME George Hudson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Frances Croswell

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT (Address) Mrs. Marie A. Hudson (Wife) 2916 Alameda Blvd.,

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Nov. 24, 1934.

19. UNDERTAKER (Address) John F. Henry 715 Light St

Huntington Williams N.D.
Registrar

NOV 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1934.

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1933, to Nov 21, 1934

I last saw h[illegible] alive on Nov 21, 1934, death is said to have occurred on the date stated above, at 8.15 a. m.

The principal cause of death and related causes of importance were as follows:

Brights disease — Date of onset

Other contributory causes of importance:

Duodenal Ulcer

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Warner Worley M. D.

(Address) 627 Light St

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AaCo. 5-11 250B

(Yee Tom)

F 06762

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06762

CERTIFICATE OF DEATH

V46

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin E. Hosp. St., 4-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? 15 yrs. ... mos. ... ds.

2. FULL NAME Yee Tom alias Yee Gee Chong Ming

(a) Residence: No. 530 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Chinese	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Yee

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Yee Hong

14. BIRTHPLACE (city or town) (State or country) China

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) China

17. INFORMANT Kuang Yin Chee
(Address) 202 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Cremation Place Loudon Park Date Nov 23, 1934

19. UNDERTAKER John F. Meaney
(Address) 715 Eutaw St.

20. FILED NOV 21 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1934 to Nov. 20, 1934

I last saw h... alive on Nov 20 1934 death is said to have occurred on the date stated above, at 9:28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	3 Months

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) E. J. Shaw M. D.

(Address) 516 Cathedral St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

Dr. Richardson 1125 Eutaw St.

F 06763

F 06763 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2800 Huntingdon Ave 12-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace B. Easton

(a) Residence: No. 2800 Huntingdon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept 21, 1881

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
53	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Johnzee Easton

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Sarah Smith

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Charles Bussey
(Address) 2800 Huntingdon Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date Nov 24, 1934

19. UNDERTAKER Chenoweth Son
(Address) 3615-17 Eutaw Ave

20. FILED Huntington Ave Branch

NOV 22 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15 1934 to Nov 21 1934

I last saw h[illegible] alive on Nov 21 1934 Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	May 15 34
Other contributory causes of importance:	
Hypotension & Chronic Nephritis	Indefinite

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. C. Richardson M. D.

(Address) 112 W. 35th St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06764

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06764

CERTIFICATE OF DEATH

✓ 94-002

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4142 Pimlico Rd St.) (15-91 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mat Eichberg

(a) Residence: No. 4142 Pimlico Rd St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Eichberg

6. DATE OF BIRTH (month, day, year) July 20 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ruben Eichberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Hoth Knob

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mat Eichberg

(Address)

18. BURIAL, CREMATION, OR REMOVAL Shel Shalom Cem Nov 23 1934

19. UNDERTAKER J. Abrams & Co

(Address) 2432 Reisterstown Rd

Stanley Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1934 to Nov. 21 1934

I last saw alive on Nov. 21 1934 Death is said to have occurred on the date stated above, at 11:45 P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11-21-34
Arterial Hypertension	yrs
Gen'l Arteriosclerosis	yrs

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L Abrahamson M. D.

(Address) 2412 Park Heights Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 22 1934

M. D. B. 1268-9

F 06765

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06765

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 27 N. Monastery St. 70-81 Ward)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina A. Recker

(a) Residence: No. 27 N. Monastery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Frank Recker

6. DATE OF BIRTH (month, day, year) Jan 30-1844

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
90	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sey

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Lochman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT J. Paul Medford

(Address) 27 N Monastery ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11/24 1934

19. UNDERTAKER Wm Cook

(Address) 1212 E Fayette St

20. FILED NOV 22 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20/34 10 A 34

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1934 to Nov. 20 1934

I last saw her alive on Nov. 20 1934 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indef.	
Asphyxia	11/19/34

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Campbell M. D.

11/21/34 (Address) 1644 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06766

HEALTH DEPARTMENT—CITY OF BALTIMORE

06766

CERTIFICATE OF DEATH

34 V

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Horton

(a) Residence: No. 1606 Thames Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Horton

6. DATE OF BIRTH (month, day, year) June 22, 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Draughtsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oxford Lumber Co.

10. Date deceased last worked at this occupation (month and year) Dec 1933

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Columbus Holton

FATHER

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Maria Cole

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Nov 24th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Baltimore St

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1934 to Nov 20 1934

I last saw him alive on Nov 20 1934 Death is said to have occurred on the date stated above, at 5-30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	3 yrs
Myocardial insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) T P Magill M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 22 1934

M. D. B 1268-9

F 06767

F 06767 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 851 Towers St., 12-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Mackereth

(a) Residence: No. 851 Towers St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: ~~HUSBAND of~~ WIFE of John J Mackereth

6. DATE OF BIRTH (month, day, year): Jan. 16 1856.

7. AGE: Years 78. | Months 10. | Days 6. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany.

FATHER

13. NAME: Knockey

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mr. John J Mackereth 851 Towers St.

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Ridge Cem. Date Nov 26 1934

19. UNDERTAKER (Address): J Walter Davis 3418 Eastern Ave

Filed NOV 22 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Nov 22 1934

I last saw her alive on Nov 21 1934 Death is said to have occurred on the date stated above, at 325 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and endocarditis	1yr ago.
Other contributory causes of importance: Arterio-sclerosis & chronic nephritis.	

Name of operation: none Date of —

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Druerund, M. D.

(Address) 846 W Lanvale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-9 F 06768

F 06768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. 16-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Hester

(a) Residence: No. 1114 Woodyear St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Percy (Sep

6. DATE OF BIRTH (month, day, year) Oct 2, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Launderess

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Julius Johnson

14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER

15. MAIDEN NAME Dora Tilla

16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 11/23 19 34

19. UNDERTAKER Daniel Easton

(Address) 916 Penna ave

NOV 23 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1934 to Nov 19 1934

I last saw her alive on Nov 19 1934 Death is said to have occurred on the date stated above, at 10.35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, acute (Chronic)	?
Intermittent	?
	Unk

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) I Phagnel M. D.

(Address) Balto. City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 06769

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06769

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 S. Hallas St. 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nelson Harris

(a) Residence: No. 107 S. Hallas St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabelle Harris

6. DATE OF BIRTH (month, day, year) August 24 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59.	2.	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Isabelle Harris

(Address) 107 S. Hallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Cem. Date 11-23-34 19

19. UNDERTAKER Randall Lockwood & Co

(Address) 320 N. Eden St

20. FILED NOV 23 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934 to June 20, 1934

I last saw him alive on June 20, 1934 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asystole	June 18
	3 hr

Other contributory causes of importance:

Operation

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) [illegible] M. D.

(Address) 55 [illegible]

M. D. B. 1268-1

F 06770

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06770

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3711 Chesley Ave 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 88 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert A ~~Barker~~ Barker.

(a) Residence: No. 3711 Chesley. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine A Baker

6. DATE OF BIRTH (month, day, year) Aug 13 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Wright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ret 18 yrs 86

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm H Baker

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Mary Whitelock

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Wm H Baker
(Address) 3711 Chesley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 23, 1934

19. UNDERTAKER John Elliott
(Address) 2206 Eutaw
Filed Nov 24 1934 Huntington Baltimore Md
(Registered by) (Signature of Registrar.)

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1934, to Nov 20, 1934

I last saw him alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Dis	
Senile Deg.	3 yrs
Other contributory causes of importance:	
Gen'l Exhaustion	3 Days

Name of operation None — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank A Bressler, M. D.

(Address) 1255 Bolton

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06771

F 06771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. Home for Incurables St. 13-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lena Wilhelm

(a) Residence: No. Home for Incurables St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, ~~widowed~~, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Fred Wilhelm

6. DATE OF BIRTH (month, day, year) Feb. 2, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Andrus Bienmuller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME R. Schiffler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ernest H Wilhelm

(Address) 5505 Ready Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westwood Cem Date Nov 24, 1934

19. UNDERTAKER John Ulrich

(Address) 2008 Fulton

[illegible] Registrar.

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th, 1934 to Nov 20th, 1934

I last saw her alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 1:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1922
Bronchopneumonia	Nov 15 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W W B Mayo M. D.

(Address) Medical Arts Bldg

AdCo. 5-31 25M F 06772

HEALTH DEPARTMENT CITY OF BALTIMORE

F 06772

CERTIFICATE OF DEATH

129

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. No-01 Ward)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Johnson

(a) Residence: No. 102 E. Pontiac St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zacher Vogel

6. DATE OF BIRTH (month, day, year) Dec 15 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	47	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Zacharth Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Margaret Emery

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr Zacharth Johnson
(Address) 102 Pontiac Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Nov 26 1934

19. UNDERTAKER Chas L Sterns
(Address) 1501 E Fayette

20. FILED NOV 23 1934 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1934, to Nov. 22, 1934

I last saw her alive on Nov 22, 1934 death is said to have occurred on the date stated above, at 1:25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	11-1-34
	Cont
Other contributory causes of importance: Chronic myocarditis & decompensation	6-34

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Jefferson Moore, M. D.

(Address) Franklin Sq Hosp.

M. D. B. 1268-9 F 06773

292320

F 06773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 10-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Smith

(a) Residence: No. 1026 E Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert

6. DATE OF BIRTH (month, day, year): 6-6-1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME Isaac Baskville

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME Lettie Roberts

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date Nov 22 1934

19. UNDERTAKER Edw Bryon

(Address) 1631 Orleans St

NOV 23 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1934, to Nov 20, 1934

I last saw her alive on Nov 20, 1934. Death is said to have occurred on the date stated above, at 5 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1930-?

Other contributory causes of importance:

Uremia - Convulsions Nov 10, 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John M. Spence Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1[illegible] F 06774

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06774

CERTIFICATE OF DEATH

X 122-001

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Archie Rice

(a) Residence: No. ..... Whitestone, Virginia St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Taylor Rice

6. DATE OF BIRTH (month, day, year) November 7, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0 21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 10-20-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Northumberland Co. (State or country) Virginia

FATHER

13. NAME Walter Rice

14. BIRTHPLACE (city or town) Northumberland Co. (State or country) Virginia

MOTHER

15. MAIDEN NAME Rosa Gaston

16. BIRTHPLACE (city or town) Northumberland Co. (State or country) Virginia

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Wilmarsmall va Date nov 22 19 34

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

20. FILED ..... 19 ..... Registrar.

NO 231934 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 18, 19 34

22. I HEREBY CERTIFY, That I attended deceased from November 6, 19 34 to November 18, 19 34

I last saw him alive on November 18, 19 34 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hernia, right inguinal, complete, indirect	Unknown
Other contributory causes of importance: Pneumonia, lobular, bronchial, post-operative	11-18-34
Hemorrhoids, mixed	unknown

Name of operation Herniotomy, rt. & hemorrhoidectomy Date of op. 11-7-34

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. T. Bowder M. D.

(Address) U. S. Marine Hospital, Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. F-9 06775 ✓ F 06775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 2-A St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catharine Paluskiewicz

(a) Residence: No. 1739 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John (dead)

6. DATE OF BIRTH (month, day, year) May 19, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME ? Swerzen

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Rhoads
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date Nov. 24 34

19. UNDERTAKER Fred W. Ozazewski
(Address) 1930 Eastern Ave

20. FILED ..... 19..... Registrar

NO 123934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 21. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19. 1934 to Nov 21. 1934

I last saw her alive on Nov 21. 1934 Death is said to have occurred on the date stated above, at 10:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, old	18 Nov.
Myocardial Insufficiency	?
Coronary Thrombosis	?

Other contributory causes of importance:

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Phaneuf M. D.

(Address) Balt City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250

F 06776

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06776

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1366 Stockton St. 15-91 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amera Mills

(a) Residence: No. 1366 Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80+			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Eastern Shore (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) C (State or country)

17. INFORMANT Lula Pinckney
(Address) 136 - Stockton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemtry Date Nov 23 1934

19. UNDERTAKER Thomas E Kelson
(Address) 1303 Presstman St

20. FILED NOV 23 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1934, to Nov 19, 1934

I last saw her alive on Nov 20, 1934 death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/7 1934
Other contributory causes of importance: Age Arteriosclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) William A Wright, M. D.
(Address) 1309 Presstman St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. [illegible]-9 F 06777

F 06777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 1200 Valley St.) (Ward) 10-01

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M Dietrich

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Dietrich

6. DATE OF BIRTH (month, day, year) 28 October 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66			27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Aloysius Wenger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mabel Nagel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sister Stanislas, Sup.
(Address) 1200 - Valley St., City

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross adds Date Nov 23. 1934

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED 19 Registrar

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 20 November 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16. 1934. to Nov 20th. 1934

I last saw her alive on Nov 20. 1934. Death is said to have occurred on the date stated above, at 10: p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	4 ds.
Other contributory causes of importance:	
Hemiplegia R side body	3 ds
Arteriosclerosis	
Hypertension	

Name of operation Date of

What test confirmed diagnosis Phys Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. McCahill, M. D.

(Address) 111 N Hartford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. F 120

F 06778 ✓ F 06778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 24-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Jackson

(a) Residence: No. 1012 Boyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of August (dead)

6. DATE OF BIRTH (month, day, year) April 24, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
60	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thos. Larkins

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Catherine Creighton

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 11/23 '34

19. UNDERTAKER F. J. Feaby Son (Address) 318 East St

20. FILED NOV 23 1934 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1934 to Nov 20, 1934

I last saw him alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Terminal
Arteriosclerosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Phazell, M. D.

(Address) Balt City Hosp

F 06779

Co. [illegible] Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06779

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 2404 St Paul St. 12-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William L. Breeden

(a) RESIDENCE NO. 2404 St Paul St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Grace Breeden

6 DATE OF BIRTH (month, day, and year): Aug 31, 1881

7 AGE: Years 53 Months 2 Days 22

If LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Marine Engineer

(b) General nature of industry, business, or establishment in which employed (or employer): 230

(c) Name of employer: Coleman Towing Co.

9 BIRTHPLACE (city or town): Calvert Co. Md

(State or country)

10 NAME OF FATHER: William Breeden

11 BIRTHPLACE OF FATHER (city or town)

(State or country): Calvert Co Md

12 MAIDEN NAME OF MOTHER: Ann L. Cooper

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Calvert Co Md

PARENTS

14 Informant: Grace Breeden

(Address): 2404 St Paul St

15 Filed [illegible] Huntington Publishing Co.

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-22-1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) and that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) John H. Morrison M. D.

(Coroner)

11/22 1934 (Address) 632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St Paul's Chapel Calvert Co. Md. Date of Burial: Dec. 2 1934

20 UNDERTAKER: A. Howard Evans ADDRESS: 35 E Fayette St

NOTE—WRITE PLAINLY, WITH INK. ANSWER EVERY QUESTION—IF NONE, SAY NONE. ANSWER EACH QUESTION IN THE PROPER SPACE. Any information not known to informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

261.ZMON

M. D. B. 23-49 F 06780 Hebbel F 06780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Port St. St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Hebbel

(a) Residence: No. 505 N. Port St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Hebbel

6. DATE OF BIRTH (month, day, year) Jan. 26/1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Wittig

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry C. Hebbel (Son)

(Address) 216 N. Rose St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Nov. 24/34 19

19. UNDERTAKER Mrs. E. Miller & Son

(Address) 233 E. Jefferson St.

20. FILED NOV 23 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21-34 19

22. I HEREBY CERTIFY, That I attended deceased from May 1-34, 19 to Nov. 21-34 19

I last saw her alive on Nov. 21-34. Death is said to have occurred on the date stated above, at 2 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	6 mo

Other contributory causes of importance:

none	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) F. W. Heyerman M. D.

(Address) 2913 E. Baltimore

N. B.—WRITE PLAINLY, WITH UNFADING INK. The information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06781

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06781

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kunigunda Stortz

(a) Residence: No. 807 N. Luzerne Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry D. Stortz

6. DATE OF BIRTH (month, day, year) Jan. 6-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Sabastian Schuster

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry D. Stortz
(Address) 807 N. Luzerne Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date Nov. 24/34 19

19. UNDERTAKER Mrs. E. Miller & Son
(Address) 2354 Jefferson St.

NOV 23 1934 Washington Nat'l Bank

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h ... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Uremia	2 weeks
Nephritis	about 1 yr

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) O. H. Wagner, M. D. Coroner

(Address) 508 E. North Ave.

V 56

N. B. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 06782

F 06782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3328 Lawnview Ave. St. 56-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Barnes

(a) Residence: No. 3328 Lawnview Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph H. Barnes

6. DATE OF BIRTH (month, day, year) Aug. 20-1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME August Scheder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joseph H. Barnes

(Address) 3328 Lawnview Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Nov. 24/34, 19

19. UNDERTAKER Mrs. E. Milby & Son

(Address) 2334 Jefferson St.

20. FILED NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1934 to 11/21, 1934

I last saw h[illegible] alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 7A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cerebral Hemorrhage	
Other contributory causes of importance:	
Ch Myocarditis	

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) D. A. Weinstein, M. D.

(Address) 733 Argyle St

N. B.—WRITE PLAINLY with pen and ink. Use no abbreviations. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1 F 06783

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06783

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. ... mos. ... ds. How long in U. S. if of foreign birth 26 yrs. ... mos. ... ds.

2. FULL NAME Josaph Kowalczyk

(a) Residence: No. 18 N. Chester Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine Kowalczyk

6. DATE OF BIRTH (month, day, year) March 19 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Lillian Hattes (Daughter)
(Address) 3120 Hall Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Park Nov 23 1934

19. UNDERTAKER John M Welsey
(Address) 401 N. Chester St

20. FILED ... 1934 ... Registrar.

NOV 23

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 20 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 80 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. L. Bergman M. D.
Coroner
(Address) 1305 N Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. If unknown, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06784

F 06784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 St. Paul St. St. 12-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nellie R. Lawson

(a) Residence: No. 2713 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lester H. Lawson

6. DATE OF BIRTH (month, day, year) June 2, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Caroline Co. Md.

FATHER

13. NAME Wm. P. Richardson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie L. Reyner

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Lester H. Lawson
(Address) 2713 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Denton, Md. Date 11/24/34

19. UNDERTAKER John G. Mitchell and Son.
(Address) 1900 Eutaw Place

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934, to Nov 22, 1934

I last saw her alive on Nov 22, 1934. Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General carcinomatosis	3 mos
Primary lesion as determined by biopsy (? mesenteric gland) Vagina. (? metastasis to bones of pelvis (x ray findings)	2 mos
Other contributory causes of importance:	
General carcinomatosis involving abdominal viscera	
Terminal pneumonia	3 days

Name of operation Removal of tissue Date of 8/30/34

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Alvin B E Leggar, M. D.

(Address) 2 W. Read St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 23 1934

Spec.—2-29-28— F. S. F 06785

F 06785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No. 1810 Penrose Ave. WARD 70-21)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Martin P. McDonagh

(a) RESIDENCE NO. 1810 Penrose Ave. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. 6 mos. — ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male white

4 COLOR OR RACE

5 ~~Single, Married~~, Widowed, or Divorced, (write the word): Widower

6 If married, widowed, or divorced HUSBAND of (or) WIFE of: Francis B. Burns McDonagh

6 DATE OF BIRTH (month, day, and year): Nov 18 87

7 AGE — Years: 77 — Months: — — Days: 22 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Artichat

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Ireland

PARENTS

10 NAME OF FATHER: Patrick McDonagh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant: Leo. C. McDonagh

(Address): 802 N. Payson St

15 Huntington W. Va. NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov 22, 1934

17

I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1934, to Nov 22, 1934, that I last saw h alive on Nov 22, 1934, and that death occurred, on the date stated above, at 11 30 a m.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. A. Darby M. D.

. 19 (Address) 817 Mechanic Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: New Cathedral Cem

DATE OF BURIAL: Nov 24 1934

20 UNDERTAKER: Jos Joerdens & Son

ADDRESS: 2173 Pac

mation should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 06786 F 06786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATIONS is very important. See instructions on back of certificate.

V S 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 127 N. Durham St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John M. Minor

(a) Residence: No. 127 N. Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie Minor

6. DATE OF BIRTH (month, day, year) 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kingwilliam Co. Va

FATHER

13. NAME James Minor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy Williams

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hattie Minor

(Address) 127 N. Durham St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 11-23 1934

19. UNDERTAKER Bryant Mumford & Wright

(Address) 128 McHenry St

20. FILED NOV 23 1934 Huntington [illegible] D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 15th 1934 to Nov 21st 1934

I last saw him alive on Nov 20th 1934 Death is said to have occurred on the date stated above, at 330 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Aug 15 '34
Cardiac Hypertrophy	
Other contributory causes of importance: Cardiac Failure	Nov. 14 '34

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ✓

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No ✓ If so, specify ✓

(Signed) Robert S. Kirk M. D.

(Address) 3126 Harford Rd.

M. D. B. # F 06787

F 06787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emilan London (Daniel Watson)

(a) Residence: No. 3 S Frederick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)				
March 12, —?				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Benson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetry Date Nov 26 1934

19. UNDERTAKER Edw. Bryan (Address)

NOV 23 1934

Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1934 to Nov 22, 1934

I last saw her alive on Nov 22, 1934 Death is said to have occurred on the date stated above, at 9:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus	6 mo ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) I D Hazell M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1938-9

F 06788

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06788

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 800 S. Clinton St. 76-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora C. Appel

(a) Residence: No. 800 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Appel

6. DATE OF BIRTH (month, day, year) Dec 24-1888.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	10	29	28

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Seamstress 64

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George C. Schane

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Elizabeth Schmittel

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT George A. Appel

(Address) 800 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Nov 26, 1934

19. UNDERTAKER George W. Zipkin

(Address) 1737 E. Eager St

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1934 to Nov. 22nd, 1934

I last saw her alive on Nov. 21st, 1934 Death is said to have occurred on the date stated above, at 6:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	Nov 21. 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Jones, M. D.

(Address) 1011 N. Eleanor Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06789

F 06789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Mc Kean St., 16-01 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Hughes

(a) Residence: No. 1013 Mc Kean St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Hughes

6. DATE OF BIRTH (month, day, year) 1865

7. AGE Years 69 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew McCarty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mackey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs John T Doolan

(Address) 1013 McKean Rd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 11/24/ 1934

19. UNDERTAKER John J Cowan & Son

(Address) 1901 Baltimore St.

Huntington Williams Agt

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

last saw h alive on Nov 21 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Exhaustion	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

.....If so, specify.....

(Signed) J O Luck M. D.
Coroner

(Address) .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Watkins

F 06790 · HEALTH DEPARTMENT—CITY OF BALTIMORE · F 06790

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman Hospital St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Emma Watkins

(a) Residence: No. 1716 Dolphin St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 31 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME William Alexander Watkins

14. BIRTHPLACE (city or town) Baltimore
(State or country)

MOTHER

15. MAIDEN NAME Winnifred Burke

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT Mrs Alex F Russell,
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Date 11/24, 1934

19. UNDERTAKER Henry H. Mears and Son
(Address) 202 N. Eutaw St.

Registered NOV 23 1934

Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1934, to Nov 22, 1934.

I last saw her alive on Nov 22, 1934. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	Nov 19 34
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Glenn Wilson Zeiders, M. D.

(Address) Woman's Hospital
Baltimore, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 23 1934

M. D. B. 12

F 06791

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06791

CERTIFICATE OF DEATH ✓ 80

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5403 Gridon Ave St., 27-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert A Pahren

(a) Residence: No. 5403 Gridon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magdelena Pahren

6. DATE OF BIRTH (month, day, year) Jan 16 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9 10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cincinnati

FATHER

13. NAME August Pahren

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Magdelena Pahren

(Address) 5403 Gridon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Pk Date Nov 24 1934

19. UNDERTAKER Frank A Frid

(Address) 915 N. Gay St.

NOV 23 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from August 30 1934 to Nov. 21, 1934

I last saw alive on November 20 1934 Death is said to have occurred on the date stated above, at 3:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Locomotor Ataxia	1931
Hemiplegia	1931
Chronic Myocarditis	1931

Other contributory causes of importance:

Senility	1933

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Albert L. Englund M. D.

(Address) 1613 E. Fayette Ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06792

HEALTH DEPARTMENT—CITY OF BALTIMORE

06792

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Booze

(a) Residence: No. 425 S Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (Sup)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 020

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisiana

FATHER

13. NAME Thomas J. Booze

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary E. Barry

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place W Barnel Date Nov. 24, 1934

19. UNDERTAKER Lilly & Feldmeier

(Address) 408 S Wolfe St.

20. FILED ... Registrar

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 19.. to Nov 22, 1934

I last saw h.. alive on Nov 22 1934 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 day?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I P Magill, M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Smith

(a) Residence: No. 3 S Frederick St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/26/69

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) M D

FATHER

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mary Parent-

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med College Date Nov 23, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

Nov 23 1934 [illegible] Funeral Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1934 to Nov 17, 1934.

I last saw h[illegible] alive on Nov 17, 1934. Death is said to have occurred on the date stated above, at 2:13 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema & right sided cardiac failure	1922
Bronchial asthma	many yrs

Other contributory causes of importance:

B.P. Ht. (Essential hypertension)	1933
Arteriosclerosis	
Hypertension	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. Carmichael Leighton, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0880

M. D. P. 1268-9

F 06794

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06794

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Moore

(a) Residence: No. 3201 Northern Parkway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 22 - 34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 50 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Allen Moore

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Estelle Hawkins

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place G. W. G. Rohrer Mort Date Nov 25, 1934

Lake Wood

19. UNDERTAKER

(Address)

NOV 23 1934

Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw her alive on Nov 22 1934 Death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in house, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard L. Frank M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06795

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06795

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 W. Randall St. 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anne B. Evans

(a) Residence: No. 4 W Randall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Frank J. Evans

6. DATE OF BIRTH (month, day, year): Dec 3, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Seaford Del.

FATHER

13. NAME: Charles Lyons

14. BIRTHPLACE (city or town) (State or country): Seaford Del.

MOTHER

15. MAIDEN NAME: Elizabeth —

16. BIRTHPLACE (city or town) (State or country): Seaford Del

17. INFORMANT: Edwin Evans

(Address): 4 W. Randall.

18. BURIAL, CREMATION, OR REMOVAL

Place: Seaford Delaware Date: Nov 25. 1934

19. UNDERTAKER: C. Howard Evans

(Address): 38 E Fayette

Huntington Funeral Home

FILED: 1934 Register: V/25/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20. 1934 to Nov. 23 1934

last saw her alive on Nov. 22. 1934. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apoplexy)	Nov. 20, 1934

Other contributory causes of importance: —

Name of operation: none Date of: ---

What test confirmed diagnosis? p. f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ---

(Signed) Henry Heibel M. D.

(Address) 1224-1226 Hanover St.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 23 1934

M. D. B 1268-9

F 06796

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06796

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Thomas

(a) Residence: No. 659 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md ?

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lumberton NC Date 11-24 1934

19. UNDERTAKER Leo F. Locke
(Address) 1728 N. Patterson Park Ave
Huntington Williamsburg NC

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/18 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) George Zellers M. D.
Coroner

(Address) 1 E. Eastern Ave

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be answered. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 7-A Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 13 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME John Moan

(a) Residence: No. 30-21-36th St. St., ... Ward. Mt. Rainier-Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mate

6. DATE OF BIRTH (month, day, year) Nov. 15-1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 & 8	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.O-Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 00?

12. BIRTHPLACE (city or town) (State or country) Wash-

FATHER

13. NAME John Moan

14. BIRTHPLACE (city or town) (State or country) Finland

MOTHER

15. MAIDEN NAME Catherine Lyons

16. BIRTHPLACE (city or town) (State or country) Ire-

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Washington D. C. Date Nov 23 1934

19. UNDERTAKER Wm J Linehan & Son

(Address) 1st Lexington Baltimore Md

NOV 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1934 to Nov. 23 1934

I last saw him alive on Nov. 23 1934. Death is said to have occurred on the date stated above, at 8 7/8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease } Angina Pectoris } Occlusion of coronary artery again	1931
	11/9/34
	11/23/34
Myocardial Insufficiency	
Other contributory causes of importance: Hypertension	? 1931

Name of operation None Date of .....

What test confirmed diagnosis? EKG Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did Injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry D. Steffin M. D.

(Address) 111 Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06798

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 1-01 St., Ward)

Registered No. 06798

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Frederick Bolesler

(a) Residence: No. Main St., Ellicott City Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 11/34

11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Saxony, Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT University Hospital Records

(Address) Lombard & Greene Sts

18. BURIAL, CREMATION, OR REMOVAL

Place St John's Cem Date Nov. 25, 1934

19. UNDERTAKER Eastes Sons

(Address) Ellicott City

20. FILED Nov 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, to 19

I last saw him alive on Nov. 19 Death is said to have occurred on the date stated above, 8:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia (Traumatic)	

Other contributory causes of importance:

Automobile accident

Name of operation none Date of ✓

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 11/18, 1934

Where did injury occur? Main St Ellicott City Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street, accident

Manner of injury struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Josh Pokorny M. D. Coroner

(Address) 220 E. Main St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 23 1934

AACo. 5-11 1908

F 06799

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06799

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S. Bruce St., 19-01 Ward)

Registered No. 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs 1 mos 8 ds How long in U.S. If of foreign birth? yrs mos ds

2. FULL NAME Edith L. Collins

(a) Residence: No. 331 S. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 30th 1933

7. AGE: Years: 1 | Months: 5 | Days: 24 | If LESS than 1 day: hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: William H. Collins

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Ella V. Covell

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Ella V. Collins

(Address) 331 S. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Nov. 24 19 34

19. UNDERTAKER: George E. Schmal

(Address) 311 Patterson Av

NOV 26 1934

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 11/22/34 19

22. I HEREBY CERTIFY, That I attended deceased from 11/20/ 1934 to 11/22/34 19

I last saw her alive on 11/22 1934 death is said to have occurred on the date stated above, at 1.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	2 days

Other contributory causes of importance:

Bronchopneumonia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard F. Curry M. D.

(Address) 910 W. Lombard

NB.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 3B 1268-9

F 06800

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06800

V 173

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 Lauren St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nellie V Gabney Nee Figgs

(a) Residence: No. 420 Lauren St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmle

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Christopher

6. DATE OF BIRTH (month, day, year): June 10 1902

7. AGE: Years 32 | Months 5 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry J. W. Figgs

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Emma Smith

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Isaac Figgs 537 N. Bethel

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Hill Date Nov 24 1934

19. UNDERTAKER (Address): George H. Cahn 730 Lexington

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 21st 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Pistol wound of Brain	

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis ..... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide injury Nov 24 1934

Where did injury occur? 420 Lauren (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Homicide

Nature of injury Pistol wound of Brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. C. Smith Coroner M. D.

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

NOV 24 1934

M. D. B. 1268-9

F 06801

06801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunacy Hosp 22-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth O'Conner

(a) Residence: No. 128 S. Augusta Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Elmer S. Conner

6. DATE OF BIRTH (month, day, year) June 4th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Conrad Gimbel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Wenner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Marie E. Conner

(Address) 128 S. Augusta Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 24th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED Nov 24 1934 by Wm Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22-34

22. I HEREBY CERTIFY, That I attended deceased from 11-22-34, 19.. to 11-22-34, 19..

I last saw h[illegible] alive on 11-22-34, 19.. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-22-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Howard M. D.

(Address) Maryland General Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

NOV 24 1934

M. D. B. 1268-9

F 06802

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06802

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2828 N Calvert St. 17-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E Burke

(a) Residence: No. 2828 N Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Georgie E Burke

6. DATE OF BIRTH (month, day, year) June 27, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Building Material Co

10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William E Burke

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary E Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Georgie E Burke

(Address) 2828 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11-26 1934

19. UNDERTAKER Wm Lord & Sons

(Address) 1217 E Fayette St

20. FILED Huntington Williams Registrar.

NOV 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1931 to Nov 23 1934

I last saw h alive on Nov 23 1934 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Dilatation. Arteriosclerosis	about 4 yrs ago about 10 yrs

Other contributory causes of importance:

Name of operation No Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ——, 19

Where did Injury occur? ——
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ——

Manner of Injury ——

Nature of injury ——

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) H. L. Kuyrl M. D.

(Address) Wentworth Apts

M. D. B. 1268-9

F 06803

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06803

CERTIFICATE OF DEATH

93-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3711 Hortonia Road St., 15-01 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria L Gilmour

(a) Residence: No. 3711 Hortonia Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John L Gilmour

6. DATE OF BIRTH (month, day, year) Nov 22. 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taunton Mass

FATHER

13. NAME Enoch Clegg

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Alice Kenyon

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wm Gilmour

(Address) 3711 Hortonia Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 11-24-34

19. UNDERTAKER Wm Coble

(Address) 1210 E Fayette St

20. FILED , 19 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 , 1934

22. I HEREBY CERTIFY, That I attended deceased from May-12- , 1934 to Nov-23- , 1934

I last saw h[illegible] alive on Nov 22 , 1934 Death is said to have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
My cardiac degeneration with arythmia and dyspnea on exertion. (primary)	? May 12-34
Other contributory causes of importance: Arteriosclerosis; senile.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury None

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harley Cole M. D.

(Address) 720 Cathedral St

M. D. B. 1268-9

F 06804

F 06804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH South Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. 1213 Light St. 22 W(rd) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Potee Gordon

(a) Residence: No. 659 Light St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 24 1934.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2-	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Gordon

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ruth Potee

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT (Address) Ruth Potee 653 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 24 1934

19. UNDERTAKER (Address) John F Denny 715 Light St

20. FILED NOV 24 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1934 to Nov 22 1934

I last saw her alive on Nov 22 1934 Death is said to have occurred on the date stated above, at 4-15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other contributory causes of importance: Otitis media (R)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Kelly M. D.

(Address) 1213 Light St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 06805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 E. North Ave St. 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A Fahey

(a) Residence: No. 1108 E North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. Cardwell

6. DATE OF BIRTH (month, day, year) 69 years

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof of Music

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monkstown Md

FATHER

13. NAME John Fahey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Ryan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary E. Fahey

(Address) 1108 E North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Nov. 26. 1934

19. UNDERTAKER Mary M Wedefeld

(Address) 501 E 22nd St

FILED ..... 19.. ..... Registrar.

NOV 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1934, to Nov. 23, 1934.

I last saw h[illegible] alive on Nov 22, 1934. Death is said to have occurred on the date stated above, at 2.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Chronic Nephritis	?

Other contributory causes of importance:

Senile Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Hyde, M. D.

(Address) 1108 E North Ave

M. D. H. 1268-0

F 06806

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06806

93-004

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Mc Eleven

(a) Residence: No. 1757 E. Oliver St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Williams (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Bellis

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Rosana Ramsdan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Nov 26, 1934

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans

Huntington Williams 1434 Riggs Ave.

NOV 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1931, to Nov 22, 1934

I last saw h[illegible] alive on Nov. 22, 1934 Death is said to have occurred on the date stated above, at 4:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	?
Myocardial Insufficiency	3 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. Shazell, M. D.

(Address) Balt City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

F 06807

F 06807 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md General Hospt St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Russell. M. Klohr. jr.

(a) Residence: No. 1224 N. 36 st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Infant.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 23/1932.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto city Md.

FATHER

13. NAME Russell M. Klohr

14. BIRTHPLACE (city or town) (State or country) Randallstown Md.

MOTHER

15. MAIDEN NAME Edna Jones.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Russell M Klohr Sr.

(Address) 1224 N. 36 st

18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Date nov. 26, 1932

19. UNDERTAKER Walter Davis

(Address) 3418 Eastern Ave.

20. FILED NOV 24 1932, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23/1932

22. I HEREBY CERTIFY, That I attended deceased from Infancy, 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5.50 P.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Kuck Coroner, M. D.

(Address) Arcade

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06808 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06808

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St.) 13-01 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Smith

(a) Residence: No. 607 W. 33rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 22, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1 day	5 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph W. Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Eva Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Hosp. records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Lonestown, Mt. Olivet Cem. Date Nov 24 1934

19. UNDERTAKER Thomas Sons
(Address) 3015-17 Greenmount Ave.

Registrar.

NOV 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1934 to Nov. 23 1934

I last saw him alive on Nov. 23 1934 Death is said to have occurred on the date stated above, at 10 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	Nov. 22

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) S. C. Epstein M. D.

(Address) Md. Gen. Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9

F 06809

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06809

CERTIFICATE OF DEATH

111-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (No.) Hampden Square Hospital (St.) (Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Mary Dorsey

(a) Residence: No. 1720 W. Lafayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lester Dorsey

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James S Tannyhill
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna K. Bragg
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Walter N. Tannyhill
(Address) 3005 Rayner Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 11-24-34 19

19. UNDERTAKER J. B. Tippett & Son
(Address) 1300 Eutaw Place

NOV 24 1934 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... Death is said to have occurred on the date stated above, ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	
Nephritis	2.

Other contributory causes of importance:

Name of operation Drainage Date of 11-23-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Joseph L. Valentine M.D.
Coroner

(Address) 1650 Mosher

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 06810

F 06810 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 217 South Regester St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Aniela Rók--Or--Ella Rug.

(a) Residence: No. 217 South Regester Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced ~~HUSBAND OF~~ WIFE of Anthony Rók

6. DATE OF BIRTH (month, day, year) June ? 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Pizlo

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Frank

(Address) 921 N.Castle Street

18. BURIAL, CREMATION, OR REMOVAL

Place St,Stanislaus Date Nov 27th 1934

19. UNDERTAKER George A Weber

(Address) 765 S Ann Street

20. FILED Nov 24 1934 Clinton Williams Registrar

NOV 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1934 to Nov. 23 1934

I last saw h.. alive on Nov. 23 1934 Death is said to have occurred on the date stated above, at 12:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	3 days
Pneumonia	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary Frances M. D.

(Address) 400 E. Fayette

M. B. B. 1268-9

F 06811

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06811

CERTIFICATE OF DEATH

92-001
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 928 E Eager St St. 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia French

(a) Residence: No. 928 E Eager St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Wm French

6. DATE OF BIRTH (month, day, year) Sept. 1 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Herman Miller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Poland

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Daughter Miss Lillian French
(Address) 928 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date Nov 24 1934

19. UNDERTAKER Edward W. Conklin
(Address) 924 E Eager St.

NOV 24 1934

..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1934 to Nov 21 1934
I last saw h[illegible] alive on Nov 20 1934 Death is said to have occurred on the date stated above, at 8P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 20
Chronic Nephritis	
Cause	
Other contributory causes of importance:	
Arterial Sclerosis	Nov 20

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Long M. D.

(Address) Erwin Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06812 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06812

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Langston Carter

(a) Residence: No. 1530 Argyle St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ollie (beg)

6. DATE OF BIRTH (month, day, year) Dec 25 - 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Rice

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Reynds

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Hartland Va. Date Nov 24, 1934

19. UNDERTAKER Archibald G. Gaither

(Address) 2101 N. Caroline St.

29. Filed NOV 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Nov 28, 1934

I last saw him alive on Nov 23, 1934. Death is said to have occurred on the date stated above, at 3:29 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anaemia	8 ½ mo ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr Magill M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 24 1934

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE 06813

CERTIFICATE OF DEATH

F 24 6813 X 133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton Bennett Glenn

(a) Residence: No. Rock Hall St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-5-34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James M Glenn

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Blanche Coleman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Rock Hall Md Date Nov 24 1934

19. UNDERTAKER Wm J Tuckerman Funeral Home

(Address) Rock Hall Md

20. FILED NOV 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934, to Nov 24, 1934

I last saw him alive on Nov 24, 1934 Death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Septicemia	11/17/34
Other contributory causes of importance:	
Meningitis?	11/20/34
Pyelitis	11/20/34

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dorothy Ellison M. D.

(Address) Johns Hopkins Hosp

F 06814

Garibaldi

HEALTH DEPARTMENT—CITY OF BALTIMORE F 06814

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 W. Rogers Ave St. 27-41 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonio Garibaldi

(a) Residence: No. 3611 W. Rogers Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosaria Tamburo

6. DATE OF BIRTH (month, day, year) March 3 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 2 yrs

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Francesco Garibaldi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria Garibaldi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Antonio Ferrara
(Address) 3611 W. Rogers Ave

18. BURIAL, CREMATION, OR REMOVAL Nov. 26 1934
Place Holy Redeemer Date . 19

19. UNDERTAKER Frank Della Noce
(Address) 52 N. Morley St.

NOV 24 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to Nov. 22 1934

I last saw him alive on Nov. 15 1934 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	11/22/34
Arteriosclerotic Cardio Vascular Disease	June 1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify

(Signed) Ed. Tommasello M. D.
(Address) Medical Arts Bldg.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s 3

M. D. B. 1265-a

F 08815

29267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 14-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lavinia Johnson

(a) Residence: No. 1712 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1845 unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Joseph Warner

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hester Connor

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Date 11/24/1934

19. UNDERTAKER Mrs. Geo. R. Collard
(Address) 1611 Druid Hill Ave

NOV 24 1934 Huntington Pittman N.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1934 to Nov 22, 1934

I last saw her alive on Nov 22, 1934 Death is said to have occurred on the date stated above, at 2.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	July, 1934
Hypertension, arteriosclerosis.	1925
Cardiac hypertrophy.	1925
Vascular retinitis, vascular nephritis	1925

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myrtle Susan Evans, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Anna E Roth

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06816 — F 06816

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E Roth

(a) Residence: No. 3201 Glendale Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Roth.

6. DATE OF BIRTH (month, day, year) September 13, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) November, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Henry Busch

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Frank

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Conferred by Date Nov 26, 1934

19. UNDERTAKER Martin H. E. Deppel
(Address) 37 S Amity St

20. FILED NOV 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1934 to 11-23, 1934

I last saw her alive on 11-23, 1934. Death is said to have occurred on the date stated above, at 12:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhage	5 days
Other contributory causes of importance:	
Bronchopneumonia	3 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RESERVED FOR BINDING

M. D. B. 1268-9

F 06817

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06817

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick Lanahan

(a) Residence: No. 824 E. Pratt St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 17, 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
77	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date 11-22-34

19. UNDERTAKER J. J. Feeley Funeral Home

(Address) 1514 E. Fayette St.

20. FILED NOV 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1930 to Nov 19, 1934

I last saw him alive on Nov 19, 1934 Death is said to have occurred on the date stated above, at 3 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Myocardial Insufficiency	3 yrs

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) I. D. Magill, M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

F 06818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06818

CERTIFICATE OF DEATH

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3123 Woodland ave St., 27-01 Ward)

2-FULL NAME Emma Catherine Weigman

(a) RESIDENCE NO. 3123 Woodland ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Weigman

6 DATE OF BIRTH (month, day, and year) Dec. 28, 1868

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	65	10	25	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

037

9 BIRTHPLACE (city or town)
(State or country) Md.

PARENTS

10 NAME OF FATHER Martin Holtz.

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany.

12 MAIDEN NAME OF MOTHER Franz

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany.

14 Informant Joseph Weigman
(Address) 3123 Woodland ave

15 Filed 19 Registrar

NOV 24 1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11-23 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest find that said deceased came to her death
(autopsy or inquiry)
on the day stated above.
The CAUSE OF DEATH* was as follows:

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What tests confirmed diagnosis?

(Signed) Chas Bourgeois M. D.

11/23 1934 (Address) 1634 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Pharmount Mt. Cathedral Cem. DATE OF BURIAL 11/26 1934

20 UNDERTAKER Norman Lemmon ADDRESS Hollins & Haughton ave

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 06819

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06819

1320

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 203 N.Port St St. 6-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Svoboda

(a) Residence: No. 203 N.Port St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph F.Svoboda

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Anton Hupka

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mary Hlavin

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Joseph F.Svoboda
(Address) 203 N.Port St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Nov.26, 1934

19. UNDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

Huntington Williams N.D.
Registrar.

NOV 24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov.23/34 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 19 34 to Nov.23/34. 19

I last saw h.e alive on Nov 22nd 19 34 Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	8 wks

Other contributory causes of importance:

Acute Nephritis	2wks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) W. T. Herman, M. D.

Nov. 24/34 2913 E Balto St
(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 06820

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06820

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis L. Herman

(a) Residence: No. 901 Tyson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara M. Herman

6. DATE OF BIRTH (month, day, year) Sept 20 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	53	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice 86

10. Date deceased last worked at this occupation (month and year) Nov. 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Harry Herman

14. BIRTHPLACE (city or town) (State or country) Pa. ?

MOTHER

15. MAIDEN NAME Tolson

16. BIRTHPLACE (city or town) (State or country) Pa. ?

17. INFORMANT Clara M. Herman
(Address) 5th N. Eutaw St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudenslager Date 11/26. 1934

19. UNDERTAKER Vernon Lennon
(Address) 614 Pk. Ave.
(Registered) Huntington Mills Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 3554 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:
Pulmonary Tuberculosis

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) T. B. Herzog MD M. D.
Coroner

(Address) 1305 N Patterson Park

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 24 1934

M. D. 2264 F 06821

F 06821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-002

1. PLACE OF DEATH Providence Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Annapolis Maryland St., 1st Ward)

Length of residence in city or town where death occurred .... yrs. 1 mos. 5 ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Clara Cromwell

(a) Residence: No. Annapolis Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bernard

6. DATE OF BIRTH (month, day, year) March 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
	38	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Leo R. Thayer

14. BIRTHPLACE (city or town) (State or country) U. S. A. Co md

MOTHER

15. MAIDEN NAME Lillie Johnson

16. BIRTHPLACE (city or town) (State or country) U. S. A. Co. md

17. INFORMANT Bernard Cromwell

(Address) Annapolis

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. U. S. A. Co

Date Nov 27 1934

19. UNDERTAKER J. B. Johnson

(Address) Annapolis Md

Filed NOV 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-19, 1934, to 11-24, 1934

I last saw h[illegible] alive on 11-24, 1934 Death is said to have occurred on the date stated above, at 3:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	11-21
Other contributory causes of importance: Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. R. Thayer, M. D.

(Address) Provident Hosp

M. D. B. 1268-9

2928 7 06822

F 06822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 11-002

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Sellman

(a) Residence: No. Harwood Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 10 - 32

7. AGE: Years 2 | Months 24 | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 00d

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Henry Sellman

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Margaret Jones

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records Johns Hopkins Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Davidsonville Nov 25 Date ... 19...

19. UNDERTAKER: Jas. T. Casey Ent. Co.

(Address)

FILED NOV 25 1934 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 23 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 . 1934 to Nov 23 . 1934

I last saw him alive on Nov 23 . 1934 Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal meningitis (B. Influenza)	11-14-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schweneker M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 06823

F 06823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E Tolson

(a) Residence: No. 925 Hollins St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: William Tolson

6. DATE OF BIRTH (month, day, year): July 24 1866

7. AGE: Years: 68 | Months: 3 | Days: 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Alfred T Hopkins

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Mary E Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Florence A Connaughton

(Address) 3429 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL. Place: Woreland Park Date: 11/26 1934

19. UNDERTAKER: William Cook

(Address) 1217 St Paul Street

20. FILED: Nov 27 1934

NO 125 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3 1/4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B F Herzog M D

(Address) 1305 N Patterson Park Ave

Coroner

M. D.

A. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06824

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06824

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1746 Darley Ave 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Freedenburg

(a) Residence: No. 1746 Darley Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6. DATE OF BIRTH (month, day, year) Aug 7th 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. 031

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in ~~this~~ occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Freedenburg

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary E. Long

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Freedenburg

(Address) 1818 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 26th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

20. FILED NOV 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/1/34 19 ... to 11/23 19 34.

I last saw h~~im~~ alive on 11/23/ 1934. Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis.	11/1/34
General adynamia	11/1/34
Pulmonary Tb.	1927
Other contributory causes of importance: Cardiac Dilatation	11/23/34

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George A. Landen M. D.

(Address) 1510 E North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Z. D. B. 1368-3

F 06825

F 06825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq Hospital St., Ward)

Registered No. 18461

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME June F Stotelmyer

(a) Residence: No. 4 N. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Jos A Stotelmyer

6. DATE OF BIRTH (month, day, year): Sept 27-1909

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
25	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Francis Conway

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: ? Rickhardt

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Jos H Stotelmyer 4 N Carey st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Nov 26, 1934

19. UNDERTAKER (Address): Williams Cook 1217 St Paul St

Nov 25 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

12:10 PM

21. DATE OF DEATH (month, day, year): Nov 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 1 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Coma	
Insulin 23-24	

Other contributory causes of importance:

Diabetes

Name of operation: Forging Date of: Nov 24-34

What test confirmed diagnosis: ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos L. Valentine M. D. Coroner

(Address) 1625 Bond

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible] F 06826

F 06826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2117 W. Fulton St., 15-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie W. Jackson

(a) Residence: No. 2117 W. Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Saml L. Jackson

6. DATE OF BIRTH (month, day, year): Jan 26 1856

7. AGE: 78 | Months: 9 | Days: 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home 037

10. Date deceased last worked at this occupation (month and year): X | 11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Jas W. Crane

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Wofford G. Jackson 2117 W. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: London Park Cemetery Date: 11/26 34

19. UNDERTAKER: William Cook (Address) 1217 St Paul Street

20. FILED: [illegible] for Funeral Director for Public Health Nurse

NOV 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Duration of each

Chronic Myocarditis 6 months

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Cook M. D.
Coroner

(Address) Catonsville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S G

M. D. B. 1268-

F 06827

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06827

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., Ward) 901

Registered No. 59

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kenneth Clyne Ross

(a) Residence: No. 3605 Yolanda Road St., Ward. Baltimore, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. K. C. Ross

6. DATE OF BIRTH (month, day, year) Jan. 14, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Executive of

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Chesapeake Stores Co

10. Date deceased last worked at this occupation (month and year) Oct 1934

11. Total time (years) spent in this occupation 6yr

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Mr. David Ross

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Mrs Harriet Jane Clyne

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT (Address) Mrs Mary Ross 3605 Yolanda Road

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 11/26 1934

19. UNDERTAKER William Cook (Address) 1217 St Paul Street

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1934 to Nov. 23, 1934

I last saw him alive on Nov 23, 1934 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart disease	1909
Other contributory causes of importance: Diabetes Mellitus	—

Name of operation None Date of —

What test confirmed diagnosis? E.K.G. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry M. Hansen, M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

NOV 29 1934

M. D. B. 126 F 06828

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06828

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 W. Biddle St., 11-C Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas R. Board

(a) Residence: No. 225 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriett Board

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Thomas Board

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Esther ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Harriett Board
(Address) 225 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 11/26 1934

19. UNDERTAKER Francis A. Hemsley
(Address) 518 W. Biddle St.

20. FILED NOV 25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 - 1934 to Nov 22 - 1934

I last saw h... alive on Nov 21 1934 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease (Mitral incompetency) Myocardial insufficiency	About 2 yrs ago
Other contributory causes of importance: Pyorrhea and abscessed teeth	Indef.

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical. Was there an autopsy? (Yes)

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Chas J Keller, M. D.

(Address) 222 W. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06829

F 06829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 19-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....da. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

2. FULL NAME Bertha Goebel

(a) Residence: No. 1723 Hollins St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 25, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	7	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Geo Goebel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna Cather
(Address) 2528 W Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 26, 1934

19. UNDERTAKER Josiah Syfer
(Address) 1600 W. Norwood Ave

20. FILED NOV 25 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Accidental Fract of L Humerus	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Ac Date of injury Oct 23, 1934

Where did injury occur? 1723 Hollins
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in Hallway

Nature of injury Fract of L Humerus

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) B Pokorny MD Coroner M. D.

(Address) 1305 N Patterson Park

M. D. F 1268 F 06830

F 06830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2805 E. Preston St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick V. Neuman

(a) Residence: No. 2805 E. Preston St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle C. Neuman

6. DATE OF BIRTH (month, day, year) April 23/1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	6	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 66

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago. Ill.

FATHER

13. NAME Frederick Neyman

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah E. Hawkins

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Myrtle C. Neuman
(Address) 2805 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Nov 26? 1934

19. UNDERTAKER John Ledrick
(Address) 2005 Eden St

FILED NOV 25 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22/34

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at before 4 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas asphixiation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Probably accidental Date of injury 11/22/34
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place home. Two burners on (top Of) kitchen range.
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. H. Bacon M. D.
Coroner
(Address) 728 E Lanvale

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 12-[illegible] F 06831

F 06831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2855 Lake Ave. St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

2. FULL NAME Mary Hlavnicka

(a) Residence: No. 2855 Lake Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — John Hlavnicka

6. DATE OF BIRTH (month, day, year) — Not Known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Bohemia

FATHER

13. NAME — Joseph Krejci

14. BIRTHPLACE (city or town) (State or country) — Bohemia

MOTHER

15. MAIDEN NAME — Marie Zeman

16. BIRTHPLACE (city or town) (State or country) — Bohemia

17. INFORMANT — John Hlavnicka

(Address) — 2855 Lake Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date Nov. 26 19 34

Frank Ovach

19. UNDERTAKER — Frank Ovach & Son

(Address) — 1906 Ashland Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24 . 1934 to August 15th 1934

I last saw her alive on August 15 . 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Chronic Nephritis

Name of operation none Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury Fracture of Hip

Nature of Injury 200 W Lafayette Ave

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 28 1934

M. D. P. 1208-9

F 06832

F 06832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2510 Emerson St. 70-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Fist

(a) Residence: No. 2510 Emerson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton Fist

6. DATE OF BIRTH (month, day, year) Jan 17th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas L. Graves

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Buckler

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Milton Fist
(Address) 2510 Emerson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 11/26/34

19. UNDERTAKER John J. Cowan & Son
(Address) 1901 E. Baltimore St

20. FILED ... 1934 ... Registrar.

NOV 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/34

22. I HEREBY CERTIFY, That I attended deceased from 11/16 1934 to 11/23 1934

I last saw her alive on 11/23 1934. Death is said to have occurred on the date stated above, at 6:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis Hypertension	
Other contributory causes of importance: Pneumonia	11/16/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Cohn M. D.

(Address) 2143 E Balto St

F 06833

F 06833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 237 Longwood St., 15-01 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julia E. McGrane

(a) Residence: No. 237 Longwood St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas F. McGrane

6. DATE OF BIRTH (month, day, year) June 2, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rhode Island

FATHER

13. NAME David Gillson

14. BIRTHPLACE (city or town) (State or country) Rhode Island

MOTHER

15. MAIDEN NAME Mary Reynolds

16. BIRTHPLACE (city or town) (State or country) Rhode Island

17. INFORMANT Eunice McGrane
(Address) 237 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Nov. 26 1934

19. UNDERTAKER Wastler Sapington Sons
(Address) 1827 W. Pratt St.

20. FILED ... 19... Registrar.

NO. 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23- 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1934 to 11-23- 1934

I last saw her alive on 11-23- 1934 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/23/34

Other contributory causes of importance:

Arterio-sclerosis

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Americus Bozzelli M. D.
(Address) 8705 Liberty Rd. Ave.

M. D. B. F-8-9 F 06834

F 06834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH West Balto Gen Hosp. Registered No.

CITY OF BALTIMORE: (No. ..... St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F Hoover

(a) Residence: No. 3125 Monticello Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Hoover

6. DATE OF BIRTH (month, day, year) March 4 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Harry E. Hoover

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elizabeth McMath

16. BIRTHPLACE (city or town) (State or country) Balt. Md.

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date Nov. 26 1934

19. UNDERTAKER Easton Sons

(Address) Fallsway City

20. FILED NOV 25 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/15/34 . 19 to 11/23/34 . 19

I last saw h[illegible] alive on 11/23/34 . 19 Death is said to have occurred on the date stated above, at 7 15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	11/17
Other contributory causes of importance: Ruptured ap[illegible]	11/15

Name of operation Exploratory with drainage Date of 11/15

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Linn M. D.

(Address) West Balto Gen. Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. F. 12 F 06835

F 06835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 25 da. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Mrs Chaney Henderson

(a) Residence: No. 2208 Bolton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced (or) WIFE of Mrs Chaney Henderson

6. DATE OF BIRTH (month, day, year) born Dec 16 67

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore MD

FATHER

13. NAME Charles M Tilghman

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Susan Hill

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Caroline H Henderson

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Date 11/26/34

19. UNDERTAKER J. Slingluff & Son

(Address) 1 W Franklin St

FILED NOV 26 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-15 1934 to 11-23 1934

I last saw him alive on 11-23 1934 Death is said to have occurred on the date stated above, at 9:30 am.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 1927

Acute Dilatation of Stomach

Probable Diaphragmatic Hernia

Epidermoid Cyst

Other contributory causes of importance:

Subdural Hemorrhage.

Name of operation Decompression Date of 10-13 34

What test confirmed diagnosis? yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J C Rodos M. D.

(Address) 1 W Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30-

F 06836

F 06836

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 131

1-PLACE OF DEATH

CITY OF BALTIMORE: (No Blythewood Road ST. ....WARD) 27-01

REGISTERED No
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Douglas Elphinstone

(a) RESIDENCE No. Blythewood Road ST. ....WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in City or Town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~, (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~
HUSBAND of
(or ~~WIFE of~~) Anna Richmond Taylor

6 DATE OF BIRTH (month, day, and year) June 25th 1887

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	4	29	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Contractor & Equipment
(b) General nature of Industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) West Point Va
(State or country)

PARENTS

10 NAME OF FATHER Frank M Elphinstone

11 BIRTHPLACE OF FATHER (city or town) New York
(State or country) New York

12 MAIDEN NAME OF MOTHER Nora Moore Lewis

13 BIRTHPLACE OF MOTHER (city or town) King William Co Va
(State or country)

14 Informant Anna Richmond Taylor Elphinstone
(Address) Blythewood Road

15 Filed NOV 26 1934 19 Huntington Woods Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 24th 1934

17
I HEREBY CERTIFY, That I attended deceased from Nov. 22d, 1934, to Nov 24th, 1934
that I last saw him alive on Nov 24th, 1934
and that death occurred, on the date stated above, at 5 P m.
The CAUSE OF DEATH* was as follows: Date of Onset

Acute Cardiac dilatation Nov 24th 1934
(Myocarditis)
Other contributory causes Acute bronchitis Nov 21 34

	(duration)	yrs.	mos.	ds.
CONTRIBUTORY (Secondary)	Chronic nephritis	>	1920	
	Gout	>	1918	

18 Where was disease contracted if not at place of death? —
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? —
(Signed) Louis P. Hamburger M. D.
Nov 25, 1934 (Address) 12-07 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Ft Thomas Garrison Forest	Nov 26th 1934
20 UNDERTAKER	ADDRESS
J H Jenkins & Son Co	Gilmor & Mt Holly Sts

MARGIN RESERVED FOR BINDING

N. B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

K

M. D. H. 12 F 06837

F 06837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 122-002

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No. 21-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Tunnicliffe

(a) Residence: No. Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
97 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England. ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records (Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Place St Paul's Date Nov 26 1937

19. UNDERTAKER J. Wm. C. Miller (Address) 2435 E. Eden St

20. FILED Nov 29 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1901 to November 20, 1937

I last saw her alive on November 20, 1937. Death is said to have occurred on the date stated above, at 8 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	6 days
Arteriosclerosis, generalized	30 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagel M. D.

(Address) Baltimore City Hospitals

M. D. B. F 06838

F 06838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 3701 Edgewood Road St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 0 mos. 17 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry T. Fallon

(a) Residence: No. 3701 Edgewood Road St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eleanor W. Lambie

6. DATE OF BIRTH (month, day, year) Nov. 7, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	56	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Claim Adjuster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Columbia Casualty Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Daniel J. Fallon

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Rebecca M. Pattison

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mrs. Eleanor W. Fallon

(Address) 3701 Edgewood Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 11/27 1934

19. UNDERTAKER Henry W. Meads & Son

(Address) 805 N. Calvert Street

20. FILED ..... 19..... Registrar.

NOV 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1933 to Nov 24 1934

I last saw him alive on Nov 22 1934. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/24/34
Other contributory causes of importance:	-
Angina Pectoris	34
Arterio Sclerosis General	33

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Erwin F. Krager M. D.

(Address) The Eglamada

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-6 F 06839 F 06839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward) X 2201

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 10 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Heinrich Türk Jr

(a) Residence: No. Ruxton, Md St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 16, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Heinrich Türk

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eileen O'Brien

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT mother
(Address) Ruxton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cemetery Date 11/26, 1934

19. UNDERTAKER Henry H. Mears & Son
(Address) 5 E. Fayette St.

FILED , 19 Registrar.

NOV 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) nov 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from nov 16, 1934, to nov 24, 1934

I last saw him alive on nov 24, 1934. Death is said to have occurred on the date stated above, at 3:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-16-34
Other contributory causes of importance:	
otitis media	11-15-34

Name of operation no Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Karl W. Ebeling, M. D.

(Address) 5200 Tilbury Way

M. D. B. F68-9 06840

F 06840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward) 9-81

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Brady

(a) Residence: No. Sinai Hospital (Usual place of abode) 2538 Robb St Ward. (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

(MARGIN RESERVED FOR BINDING)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 19, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
4 day	—	—	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto, (State or country) Md.

FATHER

13. NAME Patrick Brady

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Dean

16. BIRTHPLACE (city or town) Denton, (State or country) Md

17. INFORMANT Father Patrick Brady.

(Address) 2538 Robb St

18. BURIAL, CREMATION, OR REMOVAL

Place Olivet. Date 11/26, 1934

19. UNDERTAKER Bernard C. Harle

(Address) 1000 S Paca St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1934 to Nov. 23, 1934

I last saw him alive on Nov. 23, 1934. Death is said to have occurred on the date stated above, at 10:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) L. Jaenes M. D.

(Address) Sinai Hospital

NO. 261934

M. D. B. 1268-9

Scurry

F 06841

F 06841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

Registered No. 37

CITY OF BALTIMORE: (No. ..... St., Ward) 10-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mack Scurry

(a) Residence: No. 1419 Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced (or) Eddie Scurry

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Henry Scurry

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Amanda ?

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date Nov. 27 1934

19. UNDERTAKER Joseph T. Locke Jr.

(Address) 392 Fulton St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1934 to Nov 24 1934

I last saw him alive on Nov 23 1934. Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy Prostate	?
Uremia	11/1/34
Retention	

Other contributory causes of importance:

Anemia	11/1/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel G. Gant M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 30 1934

M. D. F. 1268-2

F 06842

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06842

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 E Monument St., Ward 5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos.. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie D. Jones

(a) Residence: No. 1439 E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of John F. Jones

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	42			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John H. Gray

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md.

MOTHER

15. MAIDEN NAME Susie Bond

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Cora Cooper

(Address) 1439 E. Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Nov 26, 1934

19. UNDERTAKER Robt. E. Williams

(Address) 515 McElderry St

20. FILED NOV 26 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to Nov 21, 1934

I last saw h alive on Nov 20, 1934 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Oct 1934
Other contributory causes of importance: Parenchymatous Nephritis & Generalized Anasarca	Oct 1934

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1209-9 F 06843

F 06843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. 8-101

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lilly Finch

(a) Residence: No. 12 11 Chatham St., St. - Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 10/8/04

7. AGE: Years 30 | Months 1 | Days 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Car

FATHER

13. NAME: Noah Finch

14. BIRTHPLACE (city or town) (State or country): N C

MOTHER

15. MAIDEN NAME: Cora Hyman

16. BIRTHPLACE (city or town) (State or country): N -

17. INFORMANT: Friends -
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Nov. 24 19 34

19. UNDERTAKER: Robt. T. Williams
(Address) 1515 McElderry St

20. FILED ... 19... Registrar.

NOV 25 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 16 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 . 1934 to Nov 16 . 1934

I last saw her alive on Nov. 16 . 1934 Death is said to have occurred on the date stated above, at 5-55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary hemoptysis	Nov. 1934
Pulmonary TBC	Nov 1934

Other contributory causes of importance:

Mitral lithiasis
Chronic cholecystitis

Name of operation ... Date of ...

What test confirmed diagnosis? Sputum exam Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nurita Susan Cason, M. D.

(Address) Johns Hopkins Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

6 3

M. D. B. 12 **F 06844**

HEALTH DEPARTMENT—CITY OF BALTIMORE **F 06844**

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 568 Aisquith St., Ward) 5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgeanna Murray

(a) Residence: No. 568 Aisquith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Murray

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

FATHER

13. NAME Tobe Marnard

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sister West

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Henry Murray

(Address) 568 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson's Cem (Date) Nov. 26 to 1934

19. UNDERTAKER Brown & Mamie E. Wright

(Address) 1210 Orleans St

20. Filed NOV 26 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934, to Nov 22, 1934

I last saw h alive on Nov 22, 1934 Death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Old senile (Cerebral Hemorrhage)	Nov 19 34
Other contributory causes of importance: Chronic Myocarditis	Oct 1 34

Name of operation Surgical Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo J. Cullen M. D.

(Address) 50 Hanover St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1908-5

F 06845

F 06845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hospital St. Ward 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Schmikat

(a) Residence: No. 2219 Elsinore Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Pauline Schmikat

6. DATE OF BIRTH (month, day, year) April 6th 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Retired (04)

10. Date deceased last worked at this occupation (month and year)

11. (Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germy

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Nov 29th 1934

19. UNDERTAKER C. Schumacher Son

(Address) 1029 Hanover St

20. FILED Nov 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1934 to November 25, 1934

I last saw him alive on Nov 25, 1934. Death is said to have occurred on the date stated above, at 5½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic Nephritis (2) Hypertrophy of Prostate (3) Uremia	(2) 10-9-34 11-25-34

Other contributory causes of importance:

Name of operation Prostatic resection Date of 11-23-34

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Baker M. D.

(Address) Maryland General Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

NOT VALID

M. D. F 06846

F 06846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 121 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Wiesand

(a) Residence: No. 1448 André St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Frederick

6. DATE OF BIRTH (month, day, year) April 24 1877

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
57	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frederick Bohle

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Bluyh

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Stallman
(Address) 2028 Braddock

18. BURIAL, CREMATION, OR REMOVAL
Place Lehnert's Cem Date 11/26 1934

19. UNDERTAKER J. Fenn McCully
(Address) 130 E. Fred. St

20. FILED ... 19... Registrar.

NOV 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/23/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/21/34 . 19 . to 11/23/34 . 19 .

I last saw her alive on 11/23/34 . 19 . Death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	11/21
Uremia	11/23
Other contributory causes of importance:	
Acute Ruptured Appendicitis	11/21
Chronic Nephritis -	
Diabetes	
Chronic Myocarditis with Hypertension	

Name of operation Appendectomy with drainage Date of 11/21

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 .

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Milton Levin . M. D.
(Address) West Balto Gen. Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 12 06847 ✓ F 06847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 47

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Women's Hospital St., ... Ward) 14-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Base w Rogers

(a) Residence: No. Churchville, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 20 1910

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24 yrs	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation. (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Churchville Md (State or country)

FATHER

13. NAME Wallis Orem Rogers

14. BIRTHPLACE (city or town) Churchville (State or country) Maryland

MOTHER

15. MAIDEN NAME Lila Irene Everist

16. BIRTHPLACE (city or town) Churchville Md (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Small's Chapel, Md Date Nov 28 1938

19. UNDERTAKER Foster Adam

(Address) Ft & Parker Inc Forest Md

20. FILED ..... 19..... Registrar

NOV 28 Hampton Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 13 38, 19.. to Nov 25, 1938

I last saw h Cl alive on Nov 25, 1938 Death is said to have occurred on the date stated above, at 10:28 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia, left lobar	
Complete pneumonectomy right, for carcinoma of lung	
Other contributory causes of importance:	

Name of operation Pneumonectomy Date of 11-22-38

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Baptiste, Jr. M. D.

(Address) Woman's Hospital, Baltimore, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9 F 06848 ✓ F 06848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mrs Elwood Hospital — Registered No. 46

CITY OF BALTIMORE: (No.) ..... St., ... Ward) 15-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Venetia Measham

(a) Residence: No. 3504 Clifton ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph K. Measham

6. DATE OF BIRTH (month, day, year) January 29, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savage Prince Georges Co. Md.

FATHER

13. NAME Hannon G. White

14. BIRTHPLACE (city or town) (State or country) Savage Prince Georges Co. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Walter G. Measham

(Address) 3504 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date Nov 26. 1934

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Pa Ave.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 11/18/34. 19 . to 11/24/34. 19

I last saw h[illegible] alive on 11/24/34. 19 Death is said to have occurred on the date stated above, at 12:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (duodenum) Jejunal	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) H E Baetzhold M. D.

(Address) Mrs Elwood Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. F. No. F 06849 ✓ M F 06849

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward)

Registered No. 12-09

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John C Fricke

(a) Residence: No. Clement Ave Joppa Road St., Ward. Baltimore Co., Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Fricke

6. DATE OF BIRTH (month, day, year) March 15, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Amelia E Fricke

(Address) Clement Ave Joppa Road

18. DISPOSITION OR REMOVAL Interment Cemetery Date 11/26, 1934

19. UNDERTAKER Leonard J Keyser

(Address) 5330 Harford Rd

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ongoing, 19 to 19

I last saw alive on ongoing 19 Death is said to have occurred on the date stated above at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/22, 1934

Where did injury occur? Clement Ave n Joppa Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking along road

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2250 E Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-9 06850 ✓ F 06850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH Provident Hospital — Registered No.

CITY OF BALTIMORE: (No. 1519 Division St., Ward) 14-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Floyd Ford

(a) Residence: No. 1708 Madison ave St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lettie Ford

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Unk

17. INFORMANT Lettie Ford

(Address) 1708 Madison

18. BURIAL, CREMATION OR REMOVAL

Place W. Auburn Date 11/26/34

19. UNDERTAKER Howard Eastan

(Address) 46 Penna ave Hampton Williamsville

20. FILED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23 19

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1934, to 11-23, 1934

I last saw him alive on 11-23, 1934. Death is said to have occurred on the date stated above, at 4:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11-18-34
Perforated Gastric ulcer	11-19-34

Other contributory causes of importance:

Name of operation Laparotomy Date of 11-18-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Harris M. D.

(Address) Provident Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 28 1934

M. D. B. 1268-2

F 06851

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06851

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Frahm

(a) Residence: No. 1734 N. Bentalou St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Louis A

6. DATE OF BIRTH (month, day, year) 1868.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Max Kaplan

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rebecca

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Max Frahm (Address) 1602 Ruxton ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Rosedale Date Nov 26, 1934

19. UNDERTAKER Sol Levinson & Bro (Address) 1127 E Balto st

20. Filed [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1934, to Nov. 25, 1934

I last saw her alive on Nov 25, 1934. Death is said to have occurred on the date stated above, at 10.06 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	
Intestinal obstruction	

Other contributory causes of importance:

Diabetes mellitus

Name of operation Release of adhesions Date of 11/23/34

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul D. Bogan M. D.

(Address) Sinai Hospital

NOV 26 1934

Spec. 8-30 A.A.Co. 250 Blks

F 06852

F 06852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 730 Carrollton Ave (St.) (Ward) 16-01

2-FULL NAME Preston Johns

(a) RESIDENCE NO. 730 Carrollton Ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Johns

6 DATE OF BIRTH (month, day, and year) Mar 22 /77

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	57	8	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Charlotte / Va

PARENTS

10 NAME OF FATHER Rufert Johns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Charlotte Va

12 MAIDEN NAME OF MOTHER Mary Howard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Charlotte Va

14 Informant Catherine Johns
(Address) 730 E. Carrollton Ave.

15 Filed 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 11/23/34

17

I HEREBY CERTIFY, That I attended deceased from Oct 4 , 1934, to Nov 23 , 1934

that I last saw h~~e~~ alive on Nov 22 , 1934

and that death occurred, on the date stated above, at 3.25 A m.

The CAUSE OF DEATH* was as follows:

Empyema

(duration) yrs. 1 mos. 9 ds.

CONTRIBUTORY (Secondary) Lobar Pneumonia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of

Was there an autopsy? ✓

What test confirmed diagnosis? ✓

(Signed) B. K. Hatchett M. D.

11/ , 19 (Address) 1270 Penna

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Nov. 26, 1934

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

REGISTERED NOV 27 1934

Huntington T.A. will sign

Spec.—1-30—M. & T.—250 Blks.

F 06853

F 06853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2430 Annapolis Ave (WARD) 25-01

2-FULL NAME Agnes Sebley

(a) RESIDENCE NO. 2430 Annapolis Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Widowed

5a If married, widowed, or divorced (or) ~~HUSBAND of~~ WIFE of Joseph Sebley

6 DATE OF BIRTH (month, day, and year) May 11, 1885

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	49	6	17	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Stove Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) — 045

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Columbia S.C.

PARENTS

10 NAME OF FATHER Samuel Cooper

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S.C.

14 Informant Joseph Sebley (Address) 2430 Annapolis Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 23, 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1934 to Nov 23, 1934

that I last saw her alive on Nov 21, 1934

and that death occurred, on the date stated above, at 5: a m.

The CAUSE OF ~~DEATH was as~~ follows:

Hypertension

Arteriosclerosis

Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) yrs. — mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms

(Signed) W. A. Revell M. D.

(Address) 1 Park Ave 600 N. Arrowsmith Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Nov. 26 1934

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 3221 Schroeder St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-3

F 06854

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06854

CERTIFICATE OF DEATH

186-001

Registered No. 25-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sanford S. Morrison.

(a) Residence: No. 407 Annabelle Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of ~~XXXXXXXXX~~ Adeline Morrison.

6. DATE OF BIRTH (month, day, year) March 17, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman. ot 2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Obrecht Lynch Co.

10. Date deceased last worked at this occupation (month and year) 11/15/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Adeline Morrison. (wife)

(Address) 407 Annabelle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Nov 26. 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED ... 19... Registrar.

NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia due to gangrene of the scrotum and testicles.	
Accidental fall over a hand truck.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis? Autopsy & inquiry. Were an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident. Date of injury 11/15/34

Where did injury occur? Key Highway.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry.

Manner of injury Fall over a hand truck.

Nature of injury Injury to scrotum & testicles

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto M. Kennard, M. D.
Coroner

11/24/34 (Address) 1017 E. Charles St.

M. D. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

M. D. B. 1968-a

F 06855

F 06855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 426 N. East Ave Ward) 1-01

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harriet Anna Myers

(a) Residence: No. 913 S. Linwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Harry Myers

6. DATE OF BIRTH (month, day, year) Apr 30th 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James B. Adams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Johanna Shackelford

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary S. Thomas

(Address) 504 N. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Date Nov 28th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19 ~~Deputy~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1934 to Nov 25 1934

I last saw h~~e~~r alive on Nov 25 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	11/25/34
Other contributory causes of importance:	
Bronchopneumonia	1 day
Bronchial asthma	2 yrs.

Name of operation None Date of Do

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert E. Schmidt M. D.

(Address) 2939 The Alameda

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

NO 423 1934 A

M. D. B 1268-9

F 06856 Nauyoks ✓M F 06856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital-01 St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Addie B. Nauyoks

(a) Residence: No. Norfolk Va St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f.	W	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Nauyoks

6. DATE OF BIRTH (month, day, year) Nov. 24 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
19	18	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va

FATHER

13. NAME William Travers

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Grace Cash

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Wilson Nauyoks

(Address) Norfolk, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date 11/26 1934

19. UNDERTAKER Wm Eck

(Address) 1217 E Gordon St

20. Filed NOV 26 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19..... to ..... 19.....

I last saw h..... alive on Nov 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of -

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11 24 1934

Where did injury occur? Belair Rd. nr Shelbourne

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking along road

24. Was disease or injury in any way related to occupation of deceased? no If so, specify -

(Signed) Josh O'Leary M. D.

Coroner

(Address) 100 E Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

E 06857

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06857

CERTIFICATE OF DEATH

167

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., ... Ward) 26-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Chester Bryan

(a) Residence: No. 262 S. Highland St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 20 1918

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
16	16	3 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) md

FATHER

13. NAME James W Bryan

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Caroline Chester

16. BIRTHPLACE (city or town) Balto
(State or country) Md

17. INFORMANT Mrs Ina A Cavalier
(Address) 3403 Clairmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Nov. 26. 1934

19. UNDERTAKER Tilly & Zeiler sons
(Address) 403 W Mulb St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 6.55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of Chest	
Suicide	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, (suicide), or homicide? Yes Date of injury 11/19 1934

Where did injury occur? 3403 Clairmont Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, (in home), or in public place Home

Manner of injury Pistol shot wound of Chest

Nature of injury Hemorrhage & Pneumonia

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F K Hemrogard M. D.
Coroner

(Address) 305 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06858 06858

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital Ward) J-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Hartman

(a) Residence: No. 3021 E. Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph G. Hartman

6. DATE OF BIRTH (month, day, year) ? / 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Roberson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary McVaudle

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Helen Sahluig

(Address) 3021 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart C Date Nov. 28/34

19. UNDERTAKER Lilly & Feiler, Inc.

(Address) 40[illegible] S. Wolfe St.

NOV 26 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 , 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right hip	Nov. 6 1934
Addident	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 6 1934

Where did injury occur? Baltimore, Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In public place

Manner of injury Fell on pavement

Nature of injury Fractured right hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 South Broadway

A. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S E

M. D. B. 1268-9

F 06859

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06859

CERTIFICATE OF DEATH

131

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 S. Baylis St., Ward) 26-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward A. Blume

(a) Residence: No. 1103 S Baylis st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Marie Blume

6. DATE OF BIRTH (month, day, year) Oct. 13-1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bernard Blume

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Knostead

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Blume

(Address) 1103 S. Baylis St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Nov. 27. 1934

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 703 S. Wolfe St.

20. FILED 19 Registrar

NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1934 to Nov 24 1934

I last saw h[illegible] alive on Nov. 23 1934 Death is said to have occurred on the date stated above, at 5.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	

Other contributory causes of importance:

Chr Nephritis	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Joseph [redacted] M. D.

(Address) 4415 Ellerslie Ave

M. D. B 1268-9

F 06860

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06860

CERTIFICATE OF DEATH

X 79-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Infirm St.) (Ward) 6-01

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S. if of foreign birth? 12 yrs. mos. ds.

2. FULL NAME Rev. John W. Torkington

(a) Residence: No. St Georges Rectory Mt Savage, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. John W Torkington

6. DATE OF BIRTH (month, day, year) May 29 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher. 018

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-22-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Liverpool England

MOTHER FATHER

13. NAME Mr. William Torkington

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Martha Duckworth

16. BIRTHPLACE (city or town) (State or country) Blackburn Lancashire England.

17. INFORMANT Son. (Address) as above.

18. BURIAL, CREMATION, OR REMOVAL Mt Savage Md Date Nov 28, 1934

19. UNDERTAKER Palm. E. Slade (Address) Long Green Md

Filed NOV 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1934, to Nov. 25, 1934

I last saw him alive on Nov 25, 1934. Death is said to have occurred on the date stated above, at 2.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, cause undetermined	10-23-34
Other contributory causes of importance: Broncho pneumonia	11-17-34

Name of operation None Date of

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Richard V. Hoover M. D.

(Address) Church Home & Infirmary

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06861

06861

124-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH — University Hospital

CITY OF BALTIMORE: (No. ~~Lombard~~ Redwood & Greene St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? 14-01 yrs. mos. ds.

2. FULL NAME — John Blacks

(a) Residence: No. 629 Cumberland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or ~~WIFE~~ of) Anita Blacks

6. DATE OF BIRTH (month, day, year) (1890) 2-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Va

FATHER

13. NAME — [illegible]

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT — Mrs. (Address) 629 Cumberland St

18. BURIAL, CREMATION, OR REMOVAL — Place Mt Auburn Cem. Date 11-27, 1934

19. UNDERTAKER — George T. Q. Gibson (Address) 1733 Druid Hill Ave

Filed 11-28-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-16, 1934, to 11-27, 1934

I last saw h[illegible] alive on 11-24, 1934. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Chronic glomerular nephritis — 11-3-?

Uremia

Other contributory causes of importance: Portal cirrhosis — ?

Name of operation None Date of

What test confirmed diagnosis? Autopsy? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert W. Hare, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 06862

F 06862 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., Ward) 17-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5ft yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annabelle Garrett

(a) Residence: No. 811 Preston St., Ward. K

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	(Baby)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bells Mad

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mattie Garrett

(Address) (Same)

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Date 11/26/1934

19. UNDERTAKER Mrs. George E. Pollard

(Address) 1601 Druid Hill Ave

20. FILED NOV 26 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1934 to 11-24 1934

I last saw h[illegible] alive on 11-24 1934 Death is said to have occurred on the date stated above, at 3[illegible] a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days

Other contributory causes of importance:

Marasmus

Name of operation — Date of —

What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George McDonald M. D.

(Address) Provident Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

06863 06863

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 117-001
Registered No.

CITY OF BALTIMORE: (No. 1514 Pennsylvania Ave St., Ward) 13-01
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Robinson

(a) Residence: No. 2451 Woodbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Lula Cook
(Address) 2451 Woodbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemty Date Nov 26 1934

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Pressman St.

NOV 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-23 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-25 1934 to 11-23 1934

I last saw him alive on 11-23 1934 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	11-22-
Due to Operative adhesions	
Ruptured Duodenal ulcer	July 24

Other contributory causes of importance:

Name of operation Laparotomy Date of July 24 Nov 22

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R B Jarvis M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 06864

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06864

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH Pronounced dead at the

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

24-41

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas H. Booze. (C)

(a) Residence: No. Patapsco Park A. A. Co. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, HUSBAND of (or WIFE of) Mary Booze. (C)

6. DATE OF BIRTH (month, day, year) May 7, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

FATHER

13. NAME Isaac Booze. (C)

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Eleanore Henson. (C)

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Mary Booze. (C) wife.
(Address) Patapsco Park, A. A. Co. Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cmt. Date 11/28, 1934

19. UNDERTAKER Mc Kato, R. McAdams
(Address) 322 N. Catherine St.

20. (Filed) NOV 26 1934, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of the chest.	
Justifiable Homicide.	

Other contributory causes of importance:

Name of operation No. Date of ...

What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Homicide Date of injury 11/23/34

Where did injury occur? Hamond Road. C. C. Co. Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place On a farm.

Manner of injury Gun shot wound.

Nature of injury Gun shot wound.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) A. M. Leonhardt, M. D. Coroner

11/24/34 (Address) 1017 E. Charles St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 12 F 06865

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06865

CERTIFICATE OF DEATH X 171

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4 W Ward)

Length of residence in city or town where death occurred 1 yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LILLIE IN HOWARD.

(a) Residence: No. CHESAPEAKE City, N. D. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED.

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of HARRY H HOWARD.

6. DATE OF BIRTH (month, day, year) Jan 5 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wolford Rochester Co Md

FATHER

13. NAME Samuel W Wolford

14. BIRTHPLACE (city or town) (State or country) Wolford Md

MOTHER

15. MAIDEN NAME Lillie Crawford

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mr Harry H. Howard
(Address) Chesapeake City, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel, M. E. Cemetery Date Nov 28 1934

19. UNDERTAKER Joseph R. Grant
(Address) North East, Md.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-12 1934 to 11-25 1934

I last saw her alive on 11-25 1934 Death is said to have occurred on the date stated above, at 11:07 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PERITONITIS	
FAT EMBOLISM	
PARALITIC ILEUS	

Other contributory causes of importance:
CHR. CHOLECYSTITIS & CHOLELITHIASIS
CHR APPENDICITIS. PROLAPED UTERUS, UTERINE FIBROIDS. RELAXED VAGINAL OUTLET

Name of operation CHOLECYSTECTOMY, APPENDECTOMY, MYOMECTOMY Date of 11-18-34

What test confirmed diagnosis? VENTRAL SUSPENSION, PERINEORRHAPHY Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert Jaw M. D.

(Address) University Hospital

INSTRUCTIONS: WRITE PLAINLY, WITH UNFADING INK. This is a permanent record. Be sure that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CV 1934

M. D. B. 1268 F 06866

F 06866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Eutaw Place St. 14-01 Ward)

Length of residence in city or town where death occurred 74 yrs. 5 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 74 5 25

2. FULL NAME Carrie Nicodemus

(a) Residence: No. 1405 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): May-29-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Josiah C. Nicodemus

14. BIRTHPLACE (city or town) (State or country): Waynesboro Pennsa

MOTHER

15. MAIDEN NAME: Mary J. Montandon

16. BIRTHPLACE (city or town) (State or country): Waynesboro Pennsa

17. INFORMANT: Mr Harry Nicodemus (Brother)
(Address) 1506 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmt- Date Nov 26 19 34

19. UNDERTAKER: Stewart & Comm Co!
(Address) 102 W North Ave.

20. FILED NOV 28 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov-23- 1934

22. I HEREBY CERTIFY, That I attended deceased from October 26 1934 to Nov. 23 1934

I last saw h m alive on Nov 23 1934 Death is said to have occurred on the date stated above, at 9p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1 yr
Myocarditis	
Pulmonary edema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Julius Underwood M. D.
(Address) 1013 N Charles St

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1C

M. D. F. 9 F 06867

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06867

J 46

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 43-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Statement. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Louise S. Hammerslough (Mettye)

(a) Residence: No. Temple Garden Apts. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Louise S. Hammerslough

6. DATE OF BIRTH (month, day, year) Oct. 5, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
55	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME Henry Eytinge

14. BIRTHPLACE (city or town) Balto. (State or country) Md.

MOTHER

15. MAIDEN NAME Bertha Nachman

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Mrs L Hammerslough

(Address) Temple Garden Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Chel Sholom Cy Date Nov 27 1934

19. UNDERTAKER Sard Goodman & Son

(Address) 1202 Eutaw Place

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18 1934 to Nov. 25 1934

I last saw h-s alive on Nov 25 1934 Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable pulmonary embolism	Nov 25 1934

Other contributory causes of importance:

Operation of resection of rectum for carcinoma. Colostomy Resection	Nov 1934

Name of operation Resection Ca of Rectum Date of 11-21-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Jabez Sanden M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 29 1934

M. D. P. 1268-9

F 06868

F 06868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No. 171

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., ... Ward)

Length of residence in city or town where death occurred: 4 yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: James McCaully

(a) Residence: No. 4 Wagram (Baltimore City Hospitals)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 16, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Easton Pa.

FATHER

13. NAME: Austin McCaully

14. BIRTHPLACE (city or town) (State or country): D. C.

MOTHER

15. MAIDEN NAME: Susan Knox

16. BIRTHPLACE (city or town) (State or country): Penn

17. INFORMANT: Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place University of Md Date Nov 26 1934

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 19 1934

22. I HEREBY CERTIFY, That I attended deceased from May 30 1934 to Nov 19 1934

I last saw him alive on Nov 19 1934 Death is said to have occurred on the date stated above, at 5.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis, acute	11/7/34
Tuberculous Laryngitis - acute	11/16/34
Other contributory causes of importance: Bronchopneumonia	11/18/34
Operation: Appendectomy & Colostomy	Date of 11/13/34

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Gayl M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1205-9

F 06869

F 06869 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Tipton

(a) Residence: No. 210 Henrietta St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Augusta R (Sep)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 29

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) "Eastern Shore" Md

FATHER

13. NAME Charlie Barday

14. BIRTHPLACE (city or town) (State or country) "Eastern Shore" Md

MOTHER

15. MAIDEN NAME Jane Frazier

16. BIRTHPLACE (city or town) (State or country) "Eastern Shore" Md

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Univ of Md Date Nov 26, 1934

19. UNDERTAKER (Address)

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1933 to Nov 23, 1934

I last saw her alive on Nov 23, 1934 Death is said to have occurred on the date stated above, at 6.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	19 days
Hypostatic Congestion	
Nephritis, arteriosclerotic	
Chronic	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Nagel M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06869

M. D. B. 1268-9

F 06870

F 06870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

37

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Washington Gash

(a) Residence: No. 574 2d Francis St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Nancy Holcum

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records Balt City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date Nov 26 1937

19. UNDERTAKER
(Address)

20. Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 23 1937

22. I HEREBY CERTIFY, That I attended deceased from March 31 1932 to Nov 23 1937

I last saw him alive on Nov 23 1937. Death is said to have occurred on the date stated above, at 6 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Terminal
Cerebral Hemorrhage	9 Nov
Arteriosclerosis	?
	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagel M. D.

(Address) Balt. City Hospitals

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 23 1937

M. D. F. 1268-9

F 06871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06871

1162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Wesley

(a) Residence: No. 740 Warwick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date Nov 16 1934

19. UNDERTAKER

(Address)

20. FILED NOV 26 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1934 to Nov 22 1934

I last saw h[illegible] alive on Nov 22 1934 Death is said to have occurred on the date stated above, at 8:21 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia	?
Debydration	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagin M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0886

M. D. B. 1268-9

F 06872

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06872

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 N Carey St., 16-01 Ward)

Length of residence in city or town where death occurred 25-7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James F Ray

(a) Residence: No. 1101 N Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Ray

6. DATE OF BIRTH (month, day, year) July 4 1887

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 0TO

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert Co (State or country) Maryland

FATHER

13. NAME Thomas Ray

14. BIRTHPLACE (city or town) Calvert Co (State or country)

MOTHER

15. MAIDEN NAME Mary E Cook

16. BIRTHPLACE (city or town) Calvert Co (State or country)

17. INFORMANT Lena Ray (Address) 1101 N Carey St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Nov 27 1934

19. UNDERTAKER Geo E Duffy (Address) 1001 Lanvale St

20. FILED Nov 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1934 to Nov 24 1934

I last saw h alive on Nov 24 1934 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 14
Other contributory causes of importance: Patient Uncon.	2

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter E Hardy M. D.

(Address) 16 W Saratoga St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 9

M. D. B. 1268-2 F 06873

29165-F

F 06873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Trowern

(a) Residence: No. 1115-E-Pratt St St., ... Ward. 1 X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): —

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 12/5/1933

7. AGE: Years | Months 10 mo | Days 30 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: — do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balt Md —

FATHER

13. NAME: Wm Trowern

14. BIRTHPLACE (city or town) (State or country): Va —

MOTHER

15. MAIDEN NAME: Mary Williams

16. BIRTHPLACE (city or town) (State or country): Md —

17. INFORMANT: Records —

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 27. 1934

19. UNDERTAKER: Wendell J. Dilsheet

(Address) 3003 Eutaw Pl

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 25 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 22 . 1934 to Nov. 25 . 1934

I last saw him alive on Nov. 25 . 1934. Death is said to have occurred on the date stated above, at 4 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dysentery (Flexner)	10-18-34

Other contributory causes of importance:

Name of operation. None Date of ...

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frances D. Schwentker M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 9.3

NOV 28 1934

M. D. B. 1268-9

F 06874

HEALTH DEPARTMENT—CITY OF BALTIMORE

06874

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Frisby

(a) Residence: No. 914 N. Caroline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 141

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date Nov. 27, 1934

19. UNDERTAKER Joseph L. Locke Jr.

(Address) 1302 Division St.

20. FILED Huntington Phillips Registrar

NOV 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1934 to Nov 24, 1934

I last saw her alive on Nov 24, 1934 Death is said to have occurred on the date stated above, at 7:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency & congestive failure	3 hrs
	1 D

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) T. P. Magill, M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06875

F 06875 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Lyman Ave St., 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Perry B. Calvert

(a) Residence: No. 409 Lyman Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Katharine E. Calvert

6. DATE OF BIRTH (month, day, year) June 12th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo W Calvert

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie E. Blunt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Katharine E. Calvert

(Address) 409 Lyman Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem. Date 11/27/. 1934

19. UNDERTAKER John T. Cowan & Son

(Address) 421 Gilmor St.

20. FILED NOV 26 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/24/. 1934

22. I HEREBY CERTIFY, That I attended deceased from June 18th. 1934 to Nov 24th 1934

Last saw him alive on Nov. 24 1934 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene L Foot.	9 mo.
Cardiac Embolism	
Amputation L. R. Leg.	
Other contributory causes of importance:	
Cardiac Failure	6 days

Name of operation Amputation Date of 8/16/34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No

(Signed) Robert L. Kirk M. D.

(Address) 326 Harford Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Wm. 03/17

M. D. P. 1268-9

F 06876

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06876

CERTIFICATE OF DEATH

V 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Joan Elizabeth Sears

(a) Residence: No. 1137 Cleveland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Infant

6. DATE OF BIRTH (month, day, year) Oct 31-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Warren S Sears

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Florence Reibert

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Warren S. Sears

(Address) 1137 Cleveland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 11/27 1934

19. UNDERTAKER John J. Cordas & Son

(Address) 901 Hollins St.

20. FILED Huntington Williams M.D. Registrar.

NOV 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1934 to Nov 24 1934

I last saw her alive on Nov 24 1934 Death is said to have occurred on the date stated above, at 8 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance: Simple diarrhea	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leonard J. Abramowitz M.D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leroy Simmons

(a) Residence: No. 7202 Eastern St., Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Carroll Simmons

14. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

15. MAIDEN NAME Marie Young

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov. 28 1934

19. UNDERTAKER John F. Connelly

(Address) Govans Md.

20. FILED NOV 28 1934 Huntington Pittman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26 1934 to Nov. 25 1934

I last saw him alive on Nov. 25 1934 Death is said to have occurred on the date stated above, at 5:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lympho sarcoma of G.I. Tract	8-5-34

Other contributory causes of importance:

Name of operation {Resection of Cecum, Ileo colostomy} Date of 9-7-34

What test confirmed diagnosis? Path. Section Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupatinn of deceased? No If so, specify ...

(Signed) Carroll C. Stauff, M. D.

(Address) J.H.H.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 06878

06878 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06878

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL Registered No.

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Alessio Lorenzetto

(a) Residence: No. Middle River, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Vincenza Lorenzetto

6. DATE OF BIRTH (month, day, year) May 30, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Zion Lutheran Cem. Date Nov. 27 1934

19. UNDERTAKER Thos. B. Connelly

(Address) Back md

20. FILED Nov 26 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 23 1934

22. I HEREBY CERTIFY, That I attended deceased from November 12 1934 to November 23 1934

I last saw him alive on November 23 1934 Death is said to have occurred on the date stated above, at 5:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia bronchial	
2. Chronic myocarditis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Mueller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NO 26934

M. D. B. 1263-9

M F 06879

HEALTH DEPARTMENT—CITY OF BALTIMORE

06879

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

Length of residence in city or town where death occurred 16 hrs yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Barmont

(a) Residence: No. Chambersburg, Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 25. 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	24	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

FATHER

13. NAME John Barmont

14. BIRTHPLACE (city or town) (State or country) Fulton Co Pa

MOTHER

15. MAIDEN NAME Anna Cline

16. BIRTHPLACE (city or town) (State or country) Fulton Co Pa

17. INFORMANT Mrs. John Barmont

(Address) Chambersburg Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Chambersburg, Penna Date Nov 26/34 19

19. UNDERTAKER Stewart & Mowen Company

(Address) 108 W. North Ave

NOV 28 1934 # 8870 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Abcess both frontal lobes	
Slight Meningitis	

Other contributory causes of importance:

Fracture left frontal bone	
3 mons ago	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3 mons ago 19 30

Where did injury occur? near Chambersburg, Pa (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place probably public place

Manner of injury Automobile accident

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Bowers Coroner, M. D.

(Address) 508 E North Ave

M. D. B. F-9 F 06880

F 06880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp 19-01 St., 25th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Swann

(a) Residence: No. 1420 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Swann

6. DATE OF BIRTH (month, day, year) 12/18/1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailoring Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ! 11. Total time (years) spent in this occupation !

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Wm F. Baughers

14. BIRTHPLACE (city or town) (State or country) Balto., Md

MOTHER

15. MAIDEN NAME Mary Suttle

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Balto City Hospt

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/28 1934

19. UNDERTAKER William Fork

(Address) 1217 E. Pratt St

NOV 27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 10 30 1934 to 11-26 1934

I last saw h[illegible] alive on 11-25 1934 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, right breast	18 mos.
Other contributory causes of importance: Elephantiasis, Right thigh	2 mos.

Name of operation None Date of

What test confirmed diagnosis? Biopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Donald H. Gant M. D.

(Address) Balto City Hospitals

M. D. R. 12 F 06881

F 06881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 N Lanvale St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel H. Schultz

(a) Residence: No. 1824 N Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie L. Schultz

6. DATE OF BIRTH (month, day, year) July 8, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ellen Thompson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Elmira Schultz

(Address) 1824 N Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 11/28/1934

19. UNDERTAKER J. McCormick & Son

(Address) 1210 E Fayette St

20. FILED NOV 27 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1934 to Nov 26, 1934

I last saw him alive on Nov 25, 1934 Death is said to have occurred on the date stated above, at 2:40 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1926
Pleurisy (Rt) with effusion	10 days

Other contributory causes of importance:

Cardiac Insufficiency	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles F. Steelman M. D.

(Address) 6 East Biddle St

Cor.—10-10-29—A Co.—100 Bks.

F 06882 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06882

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2514 Maryland ave St., 12 Ward)

2-FULL NAME Wallace Ed. Reese

(a) RESIDENCE NO. 2514 Maryland ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced, (write the word): Married

5a If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nathe Reese.

6 DATE OF BIRTH (month, day, and year): Nov 10-1859

7 AGE: Years 75 | Months 8 | Days 16 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEDENT
(a) Trade, profession or particular kind of work: Electric Engineer
(b) General nature of industry, business, or establishment in which employed (or employer): 030
(c) Name of employer

9 BIRTHPLACE (city or town) Harford Co (State or country) Md

PARENTS

10 NAME OF FATHER George Reese

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Bertha Reese (Address) 2514 Maryland ave

15 Filed ____, 19__ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Coronary Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John H. Morrison, M. D.

11/26 1934 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends Cemetery of Little Falls Falls Road Md — DATE OF BURIAL: 11/28 1934

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul st

M. D. F 06883

F 06883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Md Gnl Hospital

CITY OF BALTIMORE: (No. Linden & Mad. St., 15-01 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Lelia H. Jackson

(a) Residence: No. 2117 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 9, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Examiner Latins Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Milky - Baker None 186

10. Date deceased last worked at this occupation (month, year) 1930

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Samuel Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Miss Annie Green

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Hosp. Records. Linden & Madison

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Nov 28th, 1934

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED Nov 27 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-12-34, 1934 to 11-26, 1934

I last saw her alive on 11-26, 1934 Death is said to have occurred on the date stated above, at 8 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	

Other contributory causes of importance:

Secondary Hemorrhage

Name of operation Colostomy Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Proctor M. D.

(Address) Md Gen Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. [illegible] 12

F 06884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE (Co.) West Balto Home St. 14-01 Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James W. Dorsey

(a) Residence: No. 1528 Linden Ave St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora May Dorsey

6. DATE OF BIRTH (month, day, year) Oct 15-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer. 034

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elisha M Dorsey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosa Collings

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Evelyn M Dorsey
(Address) 2420 St Paul

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date Nov 27th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19 ..... Registrar

NOV 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... and death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Paralysis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

N. B.—WRITE PLAINLY. WITH INSPADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S O

M. D. B. 1268-9 F 06885

F 06885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2252 Linden Ave. St., 13-61 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alonzo B. Spandauer

(a) Residence: No. 2252 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 22, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Levi Spandauer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Hutzler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. I. Kaufman
(Address) 3806 Menlo Drive

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Balto. Hebrew Cem. Date Nov. 27 1934

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED NOV 27 1934 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John H. Homans, M. D.
Coroner

(Address) 3632 Roland Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 06886

F 06886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 505 N. Fremont St., 17-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter H. Smith.

(a) Residence: No. 505 N. Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ida Smith

6. DATE OF BIRTH (month, day, year) 1880 July 25

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) California

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) California

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) California

17. INFORMANT Ida L. Smith

(Address) 505 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Nov. 28, 1934

19. UNDERTAKER Philip Herwig & Sons

(Address) 2016 Orleans St

20. FILED ... 19... (Registrar.)

NOV 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr
Cerebral Embolism	4 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. H. Funk, M. D.
Coroner

(Address) Coroner

M. D. F. 06887 ✓ F 06887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S Ballingtore St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise A Eisenberger

(a) Residence: No. 510 S Ballingtore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo Wm Eisenberger

6. DATE OF BIRTH (month, day, year) Feb 3 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housework

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Dietzick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Schlutter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Geo Wm Eisenberger

(Address) 510 S Ballingtore St

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartzbau Date 11/27/34 19..

19. UNDERTAKER Phillip Heurichsen

(Address) 2016 Eutaw St

20. FILED ..... 19.. ..... Registrar.

NOV 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from about Jan, 1929, to Nov 24, 1934

I last saw her alive on Nov 24, 1934. Death is said to have occurred on the date stated above, at 7.15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Paralysis	Jan 34
Other contributory causes of importance: Diabetes Mellitus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. W. Wright M. D.

(Address) 161 S. Ellwood Ave.

M. D. B. 1268-9 F 06888

F 06888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 14-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dorsey

(a) Residence: No. 1907 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie

6. DATE OF BIRTH (month, day, year) 1886 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 40

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Gerry

14. BIRTHPLACE (city or town) (State or country) St Mary's Md.

MOTHER

15. MAIDEN NAME Nancy ?

16. BIRTHPLACE (city or town) (State or country) St Mary's Md

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL. Place Greenmount Date Nov 26 1934

19. UNDERTAKER Wm. G. Holland (Address) 1121 E. Baltimore St.

20. FILED NOV 27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 22 1934 to Nov 24 1934

I last saw h alive on Nov 24 1934 Death is said to have occurred on the date stated above, at 4:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Nephritis, arteriosclerotic (Chronic)	?
b Arteriosclerosis, general	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagin M. D.

(Address) Balt City Hosp

M. D. H. 1268-9

F 06889

F 06889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-C Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Ayers

(a) Residence: No. 531 N. Patterson Park Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of John (dead)

6. DATE OF BIRTH (month, day, year) Dec. 17, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Doherty

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa Welsh

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 11/27/34 19

19. UNDERTAKER Mrs George E. Holland (Address) 1631 Druid Hill Ave.

20. FILED NOV 27 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21 1934 to Nov 24 1934

I last saw her alive on Nov 24 1934. Death is said to have occurred on the date stated above, at 4:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Terminal
Myocardial insufficiency	6 mo
C. C. failure	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. P. Frazier M. D.

(Address) Balt. City Hosp

M. D. P. 1268-B

F 06890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06890

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Division St. 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Wm H. Henson

(a) Residence: No. 619 Division St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word) widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year) Feb 15 1873

7. AGE: Years 61 | Months 7 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME John Henson

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Irene Hall

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Geo R Henson

(Address) 619 Division

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Nov. 28—1934

19. UNDERTAKER Jos. Geo. H. Kollmus

(Address) 601 Druid Hill Ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 at , 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Uremia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Funk Coroner, M. D.

(Address) Towson

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

NOV 27 1934

M. D. Form 12 F 06891

F 06891

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1714 Madison Ave St., [illegible] Ward)

Length of residence in city or town where death occurred 35 yrs. 00 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ida Butler Thomas

(a) Residence: No. 1714 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR or RACE: Col'd

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1881

7. AGE: Years 53 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Toronto Canada

FATHER

13. NAME: Elias Bailey

14. BIRTHPLACE (city or town) (State or country): Canada

MOTHER

15. MAIDEN NAME: Catherine [illegible]

16. BIRTHPLACE (city or town) (State or country): Canada

17. INFORMANT: Florence Green

(Address): 1714 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Ezra Cem. Date: Nov 27th 1934

19. UNDERTAKER: Archibald W. Gaddis

(Address): 210 N. Eutaw St.

20. FILED ..... 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis 3 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Luck, M. D.
Coroner

(Address) Catonsville

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

USE

Cor. 10-20 [illegible] Blks.

F 06892

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06892

95-002

CERTIFICATE OF DEATH

1-PLACE OF DEATH

City of Baltimore: (No. 3614 Greenmount ave St., 12-01 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Martha E. Alban

(a) RESIDENCE NO. 3614 Greenmount Ave., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John O. Alban

6 DATE OF BIRTH (month, day, and year): Jan. 28, 1851

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
83	90	28	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Co.
(State or country): Maryland

PARENTS

10 NAME OF FATHER: John E. Tracey

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Maryland

12 MAIDEN NAME OF MOTHER: Margaret A. Garrett

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Maryland

14 Informant: Mrs. Estella B. Lenzon
(Address): 3614 Greenmount Ave.

15 Filed ..... 19.....
Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-25 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, find that said deceased came to her death (autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH* was as follows:

Cardio Renal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

11/26 1934 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Forest, Baltimore County	Nov. 27, 1934
20 UNDERTAKER: E. Leroy Stuffler, Inc.	ADDRESS: 125 E. North Ave.

M. D. B. 1265

F 06893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06893

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Lennadale

CITY OF BALTIMORE: (No. 21-A St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Sarah Baron

(a) Residence: No. Belvedere & Greenspring Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Samuel 1854

6. DATE OF BIRTH (month, day, year) 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
80	92	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Old

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Louis Sugls

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Fenichel Synot.
(Address) Lennadale

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Circle Cemetery Date Nov. 27. 1934

19. UNDERTAKER Sol. L. Winson & Bro
(Address) 1127 E Balto st

20. FILED ..... 19..... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/26 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/18 1933 to 11/26 1934

I last saw her alive on 11/26 1934 Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Chronic myocarditis	
Mitral insufficiency	
Arteriosclerosis	

Other contributory causes of importance:

Psoriasis
Chronic bronchitis
Chronic gall bladder.

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) N. Edmund Levin M. D.

(Address) Lennadale

M. D. P. 1268

F 06894

F 06894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH Union Memorial Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 1301 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. George L. Phillips (Emma Augusta)

(a) Residence: No. 2910 Reisterstown Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of George L. Phillips

6. DATE OF BIRTH (month, day, year) May 17, 1850.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	84	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland Baltimore Md

FATHER

13. NAME George A. Schlenger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eleanora F. Kopp.

16. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

17. INFORMANT Catherine P. Webster

(Address) 2910 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov 27, 1934

19. UNDERTAKER Wm. J. Tighe & Son

(Address) North & Pa Ave.

20. FILED ..... 19..... Registrar.

NOV 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-1-34, 19, to 11-4-34, 19

I last saw her alive on 11-24-34, 19. Death is said to have occurred on the date stated above, at 2:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11-21-34
Fracture of right hip.	

Contributory Corner J. Morrissey

Other contributory causes of importance: J. Morrissey

Name of operation None Date of

What test confirmed diagnosis? —— Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

(Accident), suicide, or homicide? Date of injury Oct 26th, 19 34

Where did injury occur? 2910 Reisterstown Rd.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell

Nature of injury Fractured hip - R.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John Whitridge Jr. M. D.

(Address) Union Memorial Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. F. 1268-9

F 06895

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 06895

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Edgerton Road St. 15-01 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Powers Yellott

(a) Residence: No. 3809 Edgerton Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Osborne J. Yellott

6. DATE OF BIRTH (month, day, year) June 6th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Staunton, Va.
(State or country)

FATHER

13. NAME Rev Wm Henry Harrison Powers

14. BIRTHPLACE (city or town) Towson, Md.
(State or country)

MOTHER

15. MAIDEN NAME Louise Cole Sheffey

16. BIRTHPLACE (city or town) Virginia
(State or country)

17. INFORMANT Rev Hugh W.S. Powers
(Address) 3809 Edgerton Road.

18. BURIAL, CREMATION, OR REMOVAL
Prospect Hill-Towson Date Nov 27 19 34

19. UNDERTAKER Fitzhugh Gilroy, Inc
(Address) 1008 Park Ave

NOV 27 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 19 34

22. I HEREBY CERTIFY, That I attended deceased from July 19 34 to Nov 24 19 34

I last saw h alive on Nov 24 19 34 Death is said to have occurred on the date stated above, at 7:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart with Pulmonary Oedema	Nov 24
Other contributory causes of importance: Arterio Sclerosis Hemiplegia - Cerebral Hemorrhage	1928

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____ 19 ...

Where did Injury occur? No
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) _____ M. D.

(Address) 1320 [redacted]

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.–7-17-26—A Co.—200 Bks.

F 06896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06896

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1438 Hanover St. 23-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Andrew R. Wilbur

(a) RESIDENCE NO. 1438 Hanover St. Ward

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. (If non-resident give city or town and State) How long in U. S. if of foreign birth? yrs. mos.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: ~~Flora~~ Sarah Florence Wilbur

6 DATE OF BIRTH (month, day, and year): Feb. 22 1852

7 AGE: Years 82 Months 9 Days 3 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town): Balto Co. (State or country): Md.

PARENTS

10 NAME OF FATHER: Harrison C. Wilbur

11 BIRTHPLACE OF FATHER (City or town): Fall River (State or country): Mass.

12 MAIDEN NAME OF MOTHER: Selina Ryland

13 BIRTHPLACE OF MOTHER (city or town): Delaware (State or country):

14 Informant: Edward Wilbur (Address): 1438 Hanover St.

15 Filed NOV 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 25, 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct. 6 1934 to Nov. 25 1934 that I last saw him alive on Nov. 25 1934 and that death occurred, on the date stated above, at 6.30 P.M.

The CAUSE OF DEATH was as follows:

Bronchopneumonia

(duration) yrs. mos.

CONTRIBUTORY (Secondary): Senile Myocarditis

(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? Yes

What test confirmed diagnosis? Clinical

(Signed) C. F. Hawkins M.D.

11/26 1934 (Address) 1 E. Randall St.

State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: 11/27 1934

20 UNDERTAKER: Margaret A. Fly — ADDRESS: 1422 Eng. Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

MARGIN RESERVED FOR BINDING

M. D. P. 1268-9

E 06897

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06897

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3811 Hayward Ave St., 27-A Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Lutz

(a) Residence: No. 3811 Hayward Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wife

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belair Md.

FATHER

13. NAME James M. Litzinger

14. BIRTHPLACE (city or town) (State or country) Towson Md

MOTHER

15. MAIDEN NAME Mary Litzinger

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT John Lutz
(Address) 3811 Hayward Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 11/29, 1934

19. UNDERTAKER Howard N. Bligh Jr
(Address) 1418 N. Gay St

NOV 27 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1934 to Nov. 26, 1934

I last saw her alive on Nov. 26, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	11/24/34
Other contributory causes of importance:	
Arteria Sclerosis	
Exhaustive Psychosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 4037 Falls Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R. D. B 1268-9

F 06898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06898

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H Wright

(a) Residence: No. 924 Harlem Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances Wright

6. DATE OF BIRTH (month, day, year) April 6, 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 45	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt. Jackson Va.
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Bell

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Frances Wright
(Address) 924 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Nov 27, 1934

19. UNDERTAKER Mrs Katie R. Williams
(Address) 3224 Schroeder St.

NOV 27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) P O'Herron M. D.
Coroner

(Address) 320 N Fulton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. F 1268-9

F 06899 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06899

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 120 No. Bond St. St., 6-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Commack

(a) Residence: No. 120 No. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Commack

6. DATE OF BIRTH (month, day, year) May 11, 1909.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipyard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Israel Commack

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Dember

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harriet Good
(Address) 120 No. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place asbury cemetery Date Dec 1 1934

19. UNDERTAKER Edward Bryan
(Address) 168 Orleans

20. FILED ..... 19.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 12 M. a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myo-carditis	Nov 25 1934
Other contributory causes of importance:	
Acute Indigestion	Nov 25

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jos. L. Vahle M. D.
Coroner

Address 16 South Broadway

V 96

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 06900

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06900

CERTIFICATE OF DEATH

133

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 833 Hanover Hall Ave. 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Harris

(a) Residence: No. 833 Hanover Hall Ave St., Ward. 7

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of William Harris

6. DATE OF BIRTH (month, day, year) Oct 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ono

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodstock Va

FATHER

13. NAME William ~~Harris~~ unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Angeline Lewis

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Dettie Pomfret Adkins (daughter)

(Address) 833 Hanover Hall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov. 30, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

FILED 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~Oct~~ Nov 14, 1934 to Nov 26, 1934

I last saw h~~e~~r alive on Nov 25, 1934 Death is said to have occurred on the date stated above, at 2 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	Contin ued
Other contributory causes of importance:	
Carcinoma of breast	Unknown
Marked secondary anemia.	
Septic Throat.	Nov 14

Name of operation none Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R. J. Young M. D.

(Address) 1424 E Monument St

M. D. P. 1365-9

F 06901

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06901

CERTIFICATE OF DEATH

114-002

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Johnson

(a) Residence: No. 1126 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17, 1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Bd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Edenton N C

MOTHER

15. MAIDEN NAME Cora Bennett

16. BIRTHPLACE (city or town) (State or country) Norfolk, Va

17. INFORMANT Cora Tiffman
(Address) 1126 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Nov 27, 1934

19. UNDERTAKER Mrs Katie R Williams
(Address) 327 N Schroeder St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1934, to 11-25, 1934.

I last saw him alive on 11-25, 1934. Death is said to have occurred on the date stated above, at 4.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Lung	7-31
Other contributory causes of importance:	

Name of operation Salvarsan Date of 11-23

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state how

(Signed) J. B. Davis, Provident Hospital

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 27 1934

M. D. F. F 06902

F 06902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1532 Hollins St. 14-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James A. Eberley

(a) Residence: No. 1532 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie A.

6. DATE OF BIRTH (month, day, year): Jan 8, 1864

7. AGE: Years 70 | Months 10 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Frederick Eberley

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Susan Dowling

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Mrs Margaret Eberley

(Address) 1532 Hollins St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Friday Date May 28, 1934

19. UNDERTAKER: F. German Kellner

(Address) 1532 Hollins St

20. FILED: Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Nov 26, 1934

I last saw ~~her~~ alive on Nov 26, 1934 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma (throat) (oesophagus) — Date of onset July 1934

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) K. A. Lally, M. D.

(Address) 3517 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

COPY

M. D. B 1268-9

F 06903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06903

CERTIFICATE OF DEATH

140

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital 24-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Audrey L. Schumacher

(a) Residence: No. 1302 William St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. Frank Schumacher

6. DATE OF BIRTH (month, day, year) Feb. 14-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Taylors Island Maryland

FATHER

13. NAME Thomas Matthews

14. BIRTHPLACE (city or town) (State or country) Taylors Island Maryland

MOTHER

15. MAIDEN NAME Lavinia Ruark

16. BIRTHPLACE (city or town) (State or country) Taylors Island Maryland

17. INFORMANT W. Frank Schumacher
(Address) 1302 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Nov 28, 1934

19. UNDERTAKER John F. Denny
(Address) 710 Light St

20. FILED NOV 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	Nov 15 1934
Other contributory causes of importance:	
Self induced abortion	Nov 1

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John L. Volmburg, M. D.
Coroner

(Address) 16 South Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

M. D. 1263

F 06904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06904

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital. Ward) 21-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna McKeldin.

(a) Residence: No. 1000 Briscoe St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (a) WIFE of John McKeldin.

6. DATE OF BIRTH (month, day, year) December 11, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	11	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 07

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

FATHER

13. NAME James Bowen.

14. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

MOTHER

15. MAIDEN NAME Mary Ann Gunter.

16. BIRTHPLACE (city or town) (State or country) Frostburg, Md.

17. INFORMANT James B. McKeldin. (son)
(Address) 1000 Briscoe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Int Olivet Date Nov 27 1934

19. UNDERTAKER John F. Denny
(Address) 715 Light St

20. FILED NOV 27 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 24, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autop... Inquiry, Hospital autop...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

11/26/34 (Signed) Otto M. Reinhardt Coroner, M. D.
(Address) 1017 E. Charles St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

16

Use

M. D. B. 1268-9

F 06905

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06905

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1227 N. Patterson Park Ave. St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hildebrand Jr.

(a) Residence: No. 1227 N. Patterson Park Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of): Emma Schild

6. DATE OF BIRTH (month, day, year): Apr 2nd 1875

7. AGE: Years 59 | Months 7 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Heating & Furnace Busines

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: Charles Hildebrand

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louise Schaarschmidt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Emma Hildebrand

(Address): 1227 N. Patterson Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cemetery Date: 11/28/ 1934

19. UNDERTAKER: E. J. Fleming & Son

(Address): 1936 Lafayette Ave.

FILED: NOV 27 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Nov 26 1934

I last saw him alive on Nov 26 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Non Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Herzog M. D.

(Address) 1305 N. Patterson Park Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

N. D. B. 1268-9

F 06906

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06906

CERTIFICATE OF DEATH

✓167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 420 Laurens (St.) 14-C (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie F. Shanks

(a) Residence: No. 420 Laurens St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 6 1898

7. AGE: Years 36 | Months 5 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steers 074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Thomson Ga

FATHER

13. NAME: Jessie Shanks

14. BIRTHPLACE (city or town) (State or country): Ga.

MOTHER

15. MAIDEN NAME: Eliza Wiggins

16. BIRTHPLACE (city or town) (State or country): Ga.

17. INFORMANT: Dolphus Shanks

(Address) 1134 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date Nov 28 1934

19. UNDERTAKER: A. Dolphus Shanks

(Address) 952 Druid Hill Ave

20. FILED Nov 27 1934 Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 24th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Pistol wound of brain	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Nov 24 1934

Where did injury occur? 420 Laurens

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Suicide

Nature of injury Pistol wound of brain

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Luth, M. D.

Coroner

(Address) .....

M. D. B. 1268-9

F 06907

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06907

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Notre Dame, Govenstown (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME St. Germains McInnis

(a) Residence: No. Govenstown Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 16 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Edward Island

FATHER

13. NAME Michael McInnis

14. BIRTHPLACE (city or town) (State or country) Prince Edward Island

MOTHER

15. MAIDEN NAME Marcella McNeil

16. BIRTHPLACE (city or town) (State or country) Prince Edward Island

17. INFORMANT Notre Dame Sister

(Address) Govenstown Md.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Govenstown Md. Date Nov 29 1934

19. UNDERTAKER Fraser A. Fink

(Address) 305 E Lan[illegible]

FILED NOV 27 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1934 to Nov 26 1934

I last saw h[illegible] alive on Nov 25 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

arterio sclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 4 E B[illegible] 11/24/34

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 126 F 06908

F 06908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Brown

(a) Residence: No. 1722 Presbury St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Salina (dead)

6. DATE OF BIRTH (month, day, year) May 21, (?).

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 ?	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records (Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem. Date Nov 28 1934

19. UNDERTAKER Thos. E. Kelson (Address) 1303 Presstman St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1934 to November 25, 1934

I last saw h... alive on Nov 25, 1934. Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Myocardial Insufficiency	?

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) T. Pragel, M. D.

(Address) East City Hosp

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

NOV 27 1934

M. D. P. 1268-9

F 06909

F 06909 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 664 South Ann 4-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Hall

(a) Residence: No. 664 South Ann St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Phillip L. Hall

6. DATE OF BIRTH (month, day, year): Aug 19th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Auburn

17. INFORMANT: Phillip L. Hall, Jr.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: Nov 27 19 34

19. UNDERTAKER: Denis Egan

(Address): 416 S. Eutaw

[illegible] Registrar.

NOV 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11 Nov 26 19 34

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10th 34 to Nov 26th 34

I last saw her alive on Nov 25. 34 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibro Cystic Disease of Breast	May 34

Other contributory causes of importance:

Old Age

Name of operation: Clinical Date of: No

What test confirmed diagnosis: Clinical Was there an autopsy? —

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. Les Ellis M. D.

(Address) 724 Mont-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 7268-9

F 06910

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06910

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1519 N. Bond St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Twigg

(a) Residence: No. 1519 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed or divorced, HUSBAND of (or ~~WIFE of~~) Sarah E. Twigg

6. DATE OF BIRTH (month, day, year) 7, 20, 59.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month, day, year) 1931

11. Total time (years) spent in this occupation 50 years

12. BIRTHPLACE (city or town) (State or country) Allen Md.

FATHER

13. NAME John Twigg

14. BIRTHPLACE (city or town) (State or country) Allen Md.

MOTHER

15. MAIDEN NAME Nancy Malone

16. BIRTHPLACE (city or town) (State or country) Allen Md.

17. INFORMANT Nancy Chelton

(Address) 1519 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 11/29 1934

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St.

Huntington Williams Reg.

NOV 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from November 16 1934 to November 26 1934

I last saw him alive on November 24 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1931
Chronic Interst. Nephritis	2

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Wallis H. A. Meyer M. D.

(Address) 1031 N. Caroline St.

office

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06911

CERTIFICATE OF DEATH

112

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4404 Belvieu ave St., 28 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabella Currera Glorioso

(a) Residence: No. 4404 Belvieu ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Charles Glorioso

6. DATE OF BIRTH (month, day, year) Jan 19 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Currera

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Steffena Serio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Husband Chas. Glorioso

(Address) 4404 Belvieu ave

18. BURIAL, CREMATION, OR REMOVAL

Place Leo Cathedral Date Nov 28, 1934

19. UNDERTAKER Frank V. Lisitone

(Address) 2015 E. Balto St

20. FILED [illegible] Registrar.

NOV 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26th, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-24-, 1934, to 11-26, 1934

I last saw h[illegible] alive on 11-26, 1934 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial asthema	11/23/34
acute Pulmonary Edema	

Other contributory causes of importance:

Acute dilatation of heart	24 hrs
	over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? ..... J

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) [illegible] City

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

(Gedeon)

F 06912

HEALTH DEPARTMENT—CITY OF BALTIMORE

06912

CERTIFICATE OF DEATH

× 108 ✓

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 25-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Gedeon

(a) Residence: No. Sparrows Point Rd. Edgemere Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Gedeon

6. DATE OF BIRTH (month, day, year) Mar. 16-1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Jersey

FATHER

13. NAME Joseph Gaydosh

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Catherine Stanislaw

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mr. James Gedeon

(Address) Edgemere

18. BURIAL, CREMATION, OR REMOVAL

Place A. Stanislaus Date Nov 28 1934

19. UNDERTAKER L. Sandy Sons Inc

(Address) 1210 Fleet St

20. FILED NOV 27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry, 19 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Nov 20
Other contributory causes of importance:	
None	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. L. Valentine M. D. Coroner

(Address) 16 South Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

Spec.—2-29-28—L. F. S.—600 Bks.

06913

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06913

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3926 Foster Ave ST., 26-51 WARD)

2—FULL NAME Marcellus J. Rogers

(a) RESIDENCE NO. 3926 Fosster Ave ST., 26 WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Married Marguiet Rogers.

6 DATE OF BIRTH (month, day, and year) Nov 12 1857

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77		15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Iron Worker

(b) General nature of industry, business, or establishment in which employed (or employer) Steel Mill & Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Samuel Rogers

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Scott

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md

14 Informant Michael J. Rogers

(Address) Baltimore Md

15 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 27 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov 7, 1934, to Nov 27, 1934, that I last saw h... alive on Nov 26, 1934 and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) Gradual yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) Gradual yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Observation

(Signed) H. B. Fellows, M. D.

11/29, 1934 (Address) 345 S. Highland Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral Cem. DATE OF BURIAL Nov 30 1934

20 UNDERTAKER Lilly & Zeiler Soc. ADDRESS 403 N. Gilmor

NOV 27 1934

IMPORTANT.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificates.

M. D. F. 1268-9

F 06914

06914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. Charles St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sabato Vitale

(a) Residence: No. 1414 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Rosa Vitale née Guarino

6. DATE OF BIRTH (month, day, year): April 17 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Fruit Mchte

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 045

10. Date deceased last worked at this occupation (month and year): 1919

11. Total time (years) spent in this occupation: 18 yrs

12. BIRTHPLACE (city or town) (State or country): Ferrari Italy

FATHER

13. NAME: John Vitale

14. BIRTHPLACE (city or town) (State or country): Ferrari Italy

MOTHER

15. MAIDEN NAME: Rosa Vigorita

16. BIRTHPLACE (city or town) (State or country): Ferrari Italy

17. INFORMANT: Leo. Vitale

(Address): 1414 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: Nov 29 1934

19. UNDERTAKER: Chas. B. Franciscus Co

(Address): 1811 Eutaw Place

Huntington Ave Allegany NY

NOV 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1934 to November 26, 1934

I last saw him alive on November 25, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General arterio sclerosis duration many years	
Cerebral Hemorrhage	1919
Other contributory causes of importance: Heart block &c	11/20/34 6 days

Name of operation: none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. W. Keown, M. D.

(Address) 1938 Linden Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 06915

06915 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06915

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Pronounced dead 4:50 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Prince (Alias) Prince Price

(a) Residence: No. 35 Frederick St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) California
(State or country)

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) unknown
(State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown
(State or country)

17. INFORMANT —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Nov 27, 1954

19. UNDERTAKER [illegible]
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 21, 1954

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on [illegible] 54. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Coronary Sclerosis	
unknown	

Other contributory causes of importance:

Coronary Thrombus	Sudden

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Fenton Coroner, M. D.

(Address) Govans

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Morgue

M. D. B 1268-9

F 06916

06916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 707 S. Bethel St., 7-01 Ward)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME James Burizin

(a) Residence: No. 707 S Bethel St., _____ Ward. _____

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
84	84			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT _____

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Nov 7 1934

19. UNDERTAKER _____

(Address)

20. FILED NOV 27 1934 _____ Registrar

Morgue

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19___, to _____, 19___

I last saw h___ alive on _____, 19___ Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Senility	

Name of operation _____ Date of _____

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury _____, 19___

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) C Herzog M.D. Coroner

(Address) 1305 N Patterson Park

M. D. B. 1268-0

F 06917

06917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-C Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Wright

(a) Residence: No. 3 S Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Isabella ?

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Hope Date 11/27 1934

19. UNDERTAKER J. J. Fahey Son
(Address) 1318 Druid Hill Ave

20. FILED NOV 27 1934, 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1934 to Nov 25 1934

I last saw him alive on Nov 22 1934. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	? 6 mo

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Phagel, M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 27 1934

M. D. B. 1268-9

F 06918

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06918

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. gen. Hosp. St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James K. Heck

(a) Residence: No. 3503 Parkside Blvd. Ward.

(Usual place of abode) Garrison Blvd. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret M Heck

6. DATE OF BIRTH (month, day, year) Sept 12 1884

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
50	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 06

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Little York, Ohio

FATHER

13. NAME William Heck

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Bateman

16. BIRTHPLACE (city or town) (State or country) Bateman

17. INFORMANT (Address) Hosp. Records.

18. BURIAL, CREMATION, OR REMOVAL

Place Dayton, Ohio Date Nov 27. 1934

19. UNDERTAKER (Address) John F Denny 710 Light St

19a. FILED ...19... Registrar.

NOV 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-21-34 19 to 11-26-34 19

I last saw him alive on 11-26-34 19 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia (rt)	11-19
Other contributory causes of importance: Myocardial failure	11-26-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. P. Shelton M. D.

(Address) Md. gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1965-6 F 06919 ✓ F 06919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia B. Dyer

(a) Residence: No. 3433 Liberty Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Dyer

7. DATE OF BIRTH (month, day, year) 3-20-78

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	26	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

11. Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Greenbury Baker

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alexius F. Dyer
(Address) 700 Gladstone Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forrane Cem Date Nov. 28, 1934

19. UNDERTAKER John O'Rourke & Sons
(Address) 1900 Eutaw Place

20. FILED [illegible] 1934 [illegible] Registrar.

NO 120134

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26-34

22. I HEREBY CERTIFY, That I attended deceased from 10-25-34, 19 to 11-26-34, 19

I last saw her alive on 11-26-34, 19 Death is said to have occurred on the date stated above, at 5:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	
Diabetes Mellitus	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hosp.

Spec.—9 30—A. & Co.—250 Bks.

F 06920

F 06920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 2916 Fleetwood ST 27-61 WARD)

2-FULL NAME Anna Barbara Roberts

(a) RESIDENCE NO. 2916 Fleetwood ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MARGIN RESERVED FOR BINDING

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas M. Roberts (deceased)

6 DATE OF BIRTH (month, day, and year) Nov. 10 - 1847

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	0	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Maryland

PARENTS

10 NAME OF FATHER John Ebel

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Anna Clarkson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Mrs Margaret A Wolf

(Address) 2916 Fleetwood

Filed NOV 28 1934, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 26-34

17

I HEREBY CERTIFY, That I attended deceased from Nov. 6, 19 34, to Nov 26, 19 34

that I last saw h[illegible] alive on Nov 25, 1934

and that death occurred, on the date stated above, at 14[illegible] a m.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Decompensated

(duration) yrs. mos. 21 ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous Nephritis

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Microscopic

(Signed) Phys. Ea Stevens M. D.

11-26, 1934 (Address) 2878 Harford Rd

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross (Brooklyn) Nov 28th 1934

DATE OF BURIAL

20 UNDERTAKER: Wm Cook ADDRESS: 1217 St Paul St

M. D. B. No. F 06921 ✓ F 06921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? about 25 yrs. 0 mos. 0 ds.

2. FULL NAME Tick Suey

(a) Residence: No. 312 Park Avenue St., ...Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year) about 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	70	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): China

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known / Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known / Not Known

17. INFORMANT: Willie Chin (friend)

(Address) 312 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Nov/28/34 19

19. UNDERTAKER: Stewart & Mowen Company

(Address) 108 W. North Avenue

NOV 28 1934 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) 11-24-1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Eugene Zellers Coroner, M. D.

(Address) 2739 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-5-5 F 06922

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06922

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 Kennith Square St., 27-01 Ward)

Length of residence in city or town where death occurred 25 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Patterson Vanderpool 76 9 12

(a) Residence: No. 432 Kennith Square St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anne Reid Vanderpool

6. DATE OF BIRTH (month, day, year) Feby-14-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Burlington Wisconsin

FATHER

13. NAME Peter W. Vanderpool

14. BIRTHPLACE (city or town) (State or country) near Schenectady New York

MOTHER

15. MAIDEN NAME Katrina Westphal

16. BIRTHPLACE (city or town) (State or country) near Schenectady New York

17. INFORMANT (Address) Mrs Anne R. Vanderpool (wife) 432 Kennith Square.

18. BURIAL, CREMATION, OR REMOVAL Place Prospect Hill Towson Date Nov 29 1934

19. UNDERTAKER (Address) Stewart & Morrow Co. 108 W North Ave.

20. FILED NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jobular Disease of Heart	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John L. Morrow M. D.

(Address) 36 E Lanvale Corner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 126

F 06923

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06923

CERTIFICATE OF DEATH

82-00V

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Lillian V. Strong

(a) Residence: No. Queen St. Chestertown Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Howard E. Strong

6. DATE OF BIRTH (month, day, year) April 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Md.

FATHER

13. NAME Thomas F. Strong

14. BIRTHPLACE (city or town) (State or country) Chestertown Md

MOTHER

15. MAIDEN NAME Rebecca Andrews

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mifflin T. Perkins

(Address) 3118 Harford Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Chestertown, Md Date Nov. 30 1934

19. UNDERTAKER W. T. Hecks

(Address) Chestertown, Maryland

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1934 to Nov. 28, 1934

I last saw her alive on Nov 27, 1934 Death is said to have occurred on the date stated above, at 2.48 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis, Left	
Other contributory causes of importance: Pneumonia, Bronchs	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Tom Hallock M. D.

(Address) Church Home & Infirmary

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06924

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06924

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2710 Edmondson Ave 16-01 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie L. Fosterman

(a) Residence: No. 2710 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem | 4. COLOR or RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Harry Fosterman

6. DATE OF BIRTH (month, day, year): Mar 7 1869

7. AGE: Years 65 | Months 8 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year): Feb 1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Penna

FATHER

13. NAME: Wm H Fetterman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Eckhardt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Henry Fosterman
(Address) 2710 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date 11-28 1934

19. UNDERTAKER: A B Higgins & Son
(Address) 2048 Eutaw Place

20. Filed 19 Registrar

NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 25 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Failure	

Other contributory causes of importance:

Name of operation: Appendectomy Date of: Nov

What test confirmed diagnosis: Was there an autopsy: No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Feinblatt, M. D. Coroner

(Address) Coroner

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06925

F 06925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

1. PLACE OF DEATH Bon Secours Hospital — Registered No. 20-01

CITY OF BALTIMORE: (No. 2023 W. Fayette St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs Anna M. Leishear

(a) Residence: No. 116 Madison St N.W. Wash D.C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced? (write the word): Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year): Feby 6 1866

7. AGE: Years 68 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Howard Co Md.

FATHER
13. NAME: Jos. A. Leishear
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Marcella Warfield
16. BIRTHPLACE (city or town) (State or country): Balto Co Md.

17. INFORMANT: Thomas Leishear
(Address) 116 Madison St N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place: Liston Md Date: Nov 28 1934

19. UNDERTAKER: Harry N. Armacost & Son
(Address) 4204 Ridgewood Ave

FILED ... 19 ... Registrar.

NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-27-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-25-34 6 30 PM . 19 . to 11-27-34 12 42 PM . 1934

I last saw her alive on 11-26- ..... 1934 Death is said to have occurred on the date stated above, at 12 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	
Other contributory causes of importance: General arterio-sclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) O. B. Warlton M. D.

(Address) Bon Secours Hospital.

X. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-

F 06926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06926

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1932 McHenry St. St., 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 2 mos. 22 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Kroney

(a) Residence: No. 1932 McHenry St. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Kroney (nee Heiser)

6. DATE OF BIRTH (month, day, year) Sept. 2, 1854.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Wm. Kroney

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Anna E. Kroney

(Address) 1932 McHenry St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Nov. 28, 19 34

19. UNDERTAKER Harry A. Weitzle

(Address) 4101 Edmondson Ave

Received Nov 29 1934 Registered ... Recorded ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept-16 1934 to Nov 24 1934

last saw ... alive on Nov 22 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	9/16/34
Contributory causes of importance: Pulmonary Edema	11/24/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) James F. Schamberger M. D.

(Address) 721 McHenry St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Copy from all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 06927

F 06927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 Asquith St. 10-G Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hutchins

(a) Residence: No. 910 Asquith St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Irene Hutchins

6. DATE OF BIRTH (month, day, year) Exact Date Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C&O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Centerville
(State or country) Md.

FATHER

13. NAME Francis Hutchins

14. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md.

MOTHER

15. MAIDEN NAME Henrietta Little

16. BIRTHPLACE (city or town) Eastern Shore
(State or country) Md.

17. INFORMANT Nellie Brown (Sister)
(Address) 910 Asquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date 11/28 1934

19. UNDERTAKER Robert L. Young
(Address) 804½ Caroline St.

20. FILED ... Starting for Filing ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Nov 25 1934

I last saw him alive on Nov 24 1934 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis (Uremia)	Probably 10 yrs ago
Other contributory causes of importance: Hypertension Cerebral Hemorrhage & Hemiplegia	Nov. 20, 1934

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Young M. D.

(Address) 1424 Monument st

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v. s. 2

BEACON

M. D. B. 126 F 06928 ✓ F 06928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1852 N. Gay St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Barbara Byrnes

(a) Residence: No. 1852 N. Gay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard J. Byrnes

6. DATE OF BIRTH (month, day, year) Feb. [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	65	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Schatz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wohlauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Bernard J. Byrnes
(Address) 1852 N. Gay St.

18. BURIAL, CREMATION, OR REMOVAL Most Holy Redeemer Cem. Date Nov. 29, 1934

19. UNDERTAKER Henry Koch Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED Huntington T. Williams M. D.
NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1934 to Nov. 26, 1934

I last saw her alive on Nov. 26, 1934 Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance: Diabetes Mellitus	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. P. Bergamo M. D.

(Address) 1305 N. Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

F 06929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06929

CERTIFICATE OF DEATH

160-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 916 Fawn St St., 3-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Sestani

(a) Residence: No. 916 Fawn St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 28 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Antonio Sestani

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmella Germano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Antonio Sestani

(Address) 916 Fawn St

18. BURIAL, CREMATION, OR REMOVAL

Place Bahnasto Date Nov. 25 19 34

19. UNDERTAKER Medella Memorial

(Address) 300 E Pratt St

... 19 ... Registrar

NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1934 to Nov 28 1934

I last saw him alive on Nov 28 1934. Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Transverse presentation Fetus Version and extraction	
Probable cerebral accident	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos L. Vahle M. D.

(Address) 6 South Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06930

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06930

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH Balto City Hospitals — Registered No.

CITY OF BALTIMORE: (No. Balto Md 47 St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Barnes

(a) Residence: No. 527 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frederick Barnes

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Cora Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) Balto City Hosps

18. BURIAL, CREMATION, OR REMOVAL Place Leaksburg cemetery Date Nov 30, 1934

19. UNDERTAKER Edw Bryan (Address) 1631 Orleans St

NOV 28 1934 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1934 to 11-24, 1934

I last saw him alive on 11-24, 1934 Death is said to have occurred on the date stated above, at 5, 25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, non-specific	3 wks
Terminal bronchopneumonia	1 week

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Goldmuth M. D.

(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

06931 HEALTH DEPARTMENT—CITY OF BALTIMORE 06931

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3343 Woodland Ave. St. 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George Ludwig Morris,

(a) Residence: No. 3343 Woodland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Morris,

6. DATE OF BIRTH (month, day, year) August 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Mechanic 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME George G. Morris,

14. BIRTHPLACE (city or town) (State or country) Pittsburg Penna,

15. MAIDEN NAME Jennie T. Moore,

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Lillian M. Morris

(Address) 3343 Woodland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cem. Date NOV 30 1934 19

19. UNDERTAKER Geo W Settle

(Address) 2700 Edmondson Ave.

NOV 28 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1934 to Nov 27 1934

I last saw h alive on Nov 26 1934 Death is said to have occurred on the date stated above, at 6.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil H Schneider M. D.

(Address) 2124 W North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06982

2925-8

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 F 06932

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 20-C1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Bright—

(a) Residence: No. 1209 Lanvale St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced, HUSBAND of (or) ~~WIFE~~ Ruth Bright

6. DATE OF BIRTH (month, day, year) 10/16/[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	1	9.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va—

FATHER

13. NAME ~~Edward Bright~~ Sr.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ~~Julia Carter~~

16. BIRTHPLACE (city or town) (State or country) Va.

Records—

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date 11/28/34 19..

19. UNDERTAKER Chas H. Corbett (Address) 514 N. Calhoun St

NOV 28 1934 ~~Huntington Ave~~ Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1934 to Nov. 25 1934

I last saw him alive on Nov. 25 1934 Death is said to have occurred on the date stated above, at 8 25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis	— ?
Aneurysm of Aorta	1934(?)
Broncho pneumonia	Nov 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) E. Carmichael Kelly M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. F. 126 F 06933

F 06933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Grosso

(a) Residence: No. 1705 E. Chase St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/26/34

7. AGE Years	Months	Days	If LESS than 1 day 16 hrs. 32 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Antonio Grosso

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Florence Cenetti

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date 11/28/1934

19. UNDERTAKER George A. Sanders

(Address) Fulton & Fayette

NOV 23 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/27/1934

22. I HEREBY CERTIFY, That I attended deceased from 11/26/1934 to 11/27/1934.

I last saw him alive on 11/27/1934. Death is said to have occurred on the date stated above, at 12:30 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Raymond F. Bertoni M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 06934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06934

CERTIFICATE OF DEATH

X 53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 4-61 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin Plummer

(a) Residence: No. None (Usual place of abode) St., ... Ward. Adamstown, Md. (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Johnson

6. DATE OF BIRTH (month, day, year) May 9, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 9/34

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Near Adamstown Maryland

FATHER

13. NAME Grafton Plummer

14. BIRTHPLACE (city or town) (State or country) Adamstown Maryland

MOTHER

15. MAIDEN NAME Catherine Adderson

16. BIRTHPLACE (city or town) (State or country) Annie Rundel Co., Maryland

17. INFORMANT Mr. R.G. Plummer (Address) Adamstown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick, Md Date Nov. 26, 1934

M. R. Etchison & Son

19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.

Filed ..... 19— ..... Registrar.

NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-21-, 1934 to 11-26-, 1934

I last saw h.. alive on 11-26-, 1934 Death is said to have occurred on the date stated above, at 9:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral tumor	3 yrs. ago
	about

Other contributory causes of importance:

General Cardio vascular collapse	3 days ago
Ventricular fibrillation	

Name of operation Lumbar Puncture Date of 11-22

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Lancelotta, M. D.

(Address) University Hosp.

M. D. B. 1268-9

F 06935

HEALTH DEPARTMENT—CITY OF BALTIMORE

06935

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hos. St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert D. Seelert

(a) Residence: No. 811 N. Payson St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albertina C. Seelert

6. DATE OF BIRTH (month, day, year) June 28, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Karl Seelert ?

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Emilie Seelert

(Address) 811 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Nov. , 1934

19. UNDERTAKER Wm. Wickersham Sons

(Address) North & Pulaski Sts.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: Accidental Fracture of L Femur

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc. Date of Injury 11/21, 1934

Where did injury occur? 811 N Payson (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on Hall

Nature of injury Fract of L Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Fokes Gill M. D. Coroner

(Address) 1305 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 28 1934

M. D. B. 1268-9

F 06936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06936

82-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St. (Ward) 9th

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Baker Boughton

(a) Residence: No. 3705 Elkader Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Celicia Boughton Livingston

6. DATE OF BIRTH (month, day, year) Jan 23, 1853

7. AGE: Years 81 (81) Months 10 Days 5 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wakiya County, N. C.

FATHER

13. NAME Thomas Boughton

14. BIRTHPLACE (city or town) (State or country) Edgecomb Co. N. C.

MOTHER

15. MAIDEN NAME Henrietta Bradley

16. BIRTHPLACE (city or town) (State or country) Wakiya Co. N. C.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Rocky Mount N. C. Date Nov. 29 1934

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North & Paca

Filed 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 6, 1934 to November 28, 1934

That I saw him alive on November 25, 1934 Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension c generalized	
Arteriosclerosis c Uremia	to Nov 2, 34
Cerebral hemorrhage	Nov 2, 34
Cerebral hemorrhage	Nov 28, 34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Babcock M. D.

(Address) Md. Gen. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 28 1934

M. D. B. 1268-9

F 06937

HEALTH DEPARTMENT—CITY OF BALTIMORE

06937

CERTIFICATE OF DEATH

161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1123 N. Milton Ave St., 8-91 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Weitz

(a) Residence: No. 1123 N Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/27/34

7. AGE	Years	Months	Days	if LESS than 1 day, ... hrs. or ... min.
				2

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. baby do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1123 N Milton Ave Baltimore Md

FATHER

13. NAME Arthur Weitz

14. BIRTHPLACE (city or town) (State or country) 1123 N Milton Ave Baltimore Md

MOTHER

15. MAIDEN NAME Rosenberg

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Cem Co Date Nov 28 1934

19. UNDERTAKER

(Address)

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-27 1934 to 11-27 1934

I last saw him alive on 11-27 1934 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia Neonatum	11/27

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NO Date of injury ... 19...

Where did injury occur? NO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NO

Manner of injury NO

Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify NO

(Signed) Daniel Miller M. D.

(Address) 1500 N Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 28 1934

0890

M. D. B 1268-9

F 06938

F 06938 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-003

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2023 E. Lexington St. 70-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Brady

(a) Residence: No. 2023 E. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Joseph Brady

6. DATE OF BIRTH (month, day, year) Oct. 18-1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Edward A. Stella

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ann Rosenstiel

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George F. Brady

(Address) 2023 E. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Nov. 30. 1934

19. UNDERTAKER George F. Bugge

(Address) 3631 Gallo. Road. Hyattsville, Md.

20. FILED NOV 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5th, 1934 to Nov 26th, 1934

I last saw her alive on Nov 29th, 1934 Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lumbago	1934
Myocardial degeneration	1934

Other contributory causes of importance:

Myocardial failure

Name of operation L Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis M. Gallo, M. D.

(Address) 20 E. Preston St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06939 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06939

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 20-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Wennagel

(a) Residence: No. 1802 W Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John (dead)

6. DATE OF BIRTH (month, day, year): Aug 25 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: =

14. BIRTHPLACE (city or town) (State or country): =

MOTHER

15. MAIDEN NAME: =

16. BIRTHPLACE (city or town) (State or country): =

17. INFORMANT: Friends

(Address): Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem Date: Nov 30 '34

19. UNDERTAKER: Jno. J. Mitchell & Sons

(Address): 1908 Eutaw Place

[illegible] Registrar.

NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1934 to Nov 27, 1934

I last saw her alive on Nov 27, 1934 Death is said to have occurred on the date stated above, at 11.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days
Diabetes Mellitus	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I Phuget M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 06940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06940

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Loane

(a) Residence: No. 834 Williamson St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ (or) ~~HUSBAND of~~ WIFE of Gustav Loane

6. DATE OF BIRTH (month, day, year) May 29th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self D

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Joseph ?

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Wilky Tilghman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Helen Pohler

(Address) 658 Cookesbury Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 11/29 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E. Baltimore St

FILED NOV 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. E. Kenny M.D. M. D.

Coroner

(Address) 1305 N. Gilmor Gilmor

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 06941

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06941

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4650 Pimlico Road St., 27-41 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Henderson Moser

(a) Residence: No. 4650 Pimlico Rd. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Moser

6. DATE OF BIRTH (month, day, year) Sept. 4, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electrical

10. Date deceased last worked at this occupation (month and year) Feb -34

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Moser

14. BIRTHPLACE (city or town) (State or country) Belto. ?

MOTHER

15. MAIDEN NAME Margaret Henderson

16. BIRTHPLACE (city or town) (State or country) Baltimore ?

17. INFORMANT Mrs Lillian M. Moser

(Address) 4650 Pimlico Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11/30, 1934

19. UNDERTAKER C. Vernon Lemmon

(Address) 7011 Park Heights Ave.

Huntington & Pittsman N.T. Registrar.

NOV 28 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June, 1934 to Nov 27, 1934

I last saw h alive on Nov 26, 1934 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Tellert M. D.

(Address) 2739 Eastern Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-0

F 06942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06942

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals 15-91 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Regina Luba

(a) Residence: No. 4207 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emil J.

6. DATE OF BIRTH (month, day, year) June 11, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 ?	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry Hagley.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friend

(Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 11. 29 . 193?

19. UNDERTAKER L. Kemp Lemmon

(Address) 700 E. Lake Ave.

20. FILED NOV 28 1934 Huntington Pallmeyer

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934 to Nov 26, 1934

I last saw h[illegible] alive on Nov 26, 1934 Death is said to have occurred on the date stated above, at 10.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Myocardial Degeneration, Congestion	?
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I. Phagel, M. D.

(Address) East City Hosp.

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06943

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06943

CERTIFICATE OF DEATH

X ✓ 117-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Burton

(a) Residence: No. 29 Oregon ave St., Catonsville Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of)

6. DATE OF BIRTH (month, day, year) 10/22/1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 061

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME George Burton

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Laura Moy

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hosp. Records.

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place Catholic Date Dec. 1 1934

19. UNDERTAKER Margaret A Flynn

(Address) 2617 Wilkens Ave

NOV 29 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/27/34, 19 to 11/28/34, 19

I last saw him alive on 11/26/34, 19 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer	1 yr.

Other contributory causes of importance:

Hypertension C.V. disease	2
Gastric hemorrhage	11/26/34
chronic alcoholism	4 yrs.
Pulmonary tuberculosis	4 yrs.

Name of operation None Date of

What test confirmed diagnosis? Vaniken Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Wagner, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06944

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward) 13-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Laura B. Adams

(a) Residence: No. 721 Berry St - City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word)
F	W	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ (or) ~~HUSBAND of~~ WIFE of John W. Adams

6. DATE OF BIRTH (month, day, year) Dec 1st 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John W. Adams

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Laura B. Williams

16. BIRTHPLACE (city or town) (State or country) Front Royal Va

17. INFORMANT Arthur C. Adams

(Address) 721 Berry St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date Nov 30th 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED . . 19 . . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th 1937. 19

22. I HEREBY CERTIFY, That I attended deceased from 11/19/37 . 19 . to 11/27/37 . 19

I last saw h alive on 11/27/37 19 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/19/37
Arteriosclerotic, Hypertensive Heart Disease	? (years)
Myocardial Insufficiency	? Weeks

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) a Jolexander M. D.

(Address) Union Memorial Hosp.

V53

NOV 23 1934

M. D. B. 15 F 06945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06945

CERTIFICATE OF DEATH

94-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2200 Brookfield Ave St., Ward) 13-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Chilcoat

(a) Residence: No. 2200 Brookfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Martha E. Chilcoat

6. DATE OF BIRTH (month, day, year) Mar 26th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C D Kenny Co

10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Shawan Md

FATHER

13. NAME George Chilcoat

14. BIRTHPLACE (city or town) (State or country) Shawan Md

MOTHER

15. MAIDEN NAME Elizabeth Griffith

16. BIRTHPLACE (city or town) (State or country) Butler Md

17. INFORMANT Mrs E. K. Ballard

(Address) 1622 Mt Royal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date 11/30 1934

Holland & Mot Jm Cox

19. UNDERTAKER

(Address) 1217 E Fort Ave

20. FILED NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1934 to Nov 27 1934

I last saw him alive on Nov 27 1934 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1932

Other contributory causes of importance:

Convalescing from acute bronchitis, 2 weeks duration

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edwin K. Ballard M. D.

(Address) 1622 Mt Royal Av

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 F 06946

F 06946

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No.

1. PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Lombard St., 21-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvin V. Thompson

(a) Residence: No. 1144 Dexter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 22, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	6/26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leon Thompson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Leona L Russell

16. BIRTHPLACE (city or town) (State or country) St Mary's Co Md

17. INFORMANT Mrs Leona Tippett
(Address) 1144 Dexter St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 11/30, 1934

19. UNDERTAKER
(Address) 1422 Gough St

20. FILED NOV 29 1934 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934, to Nov 28, 1934.

I last saw him alive on Nov 28, 1934 Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	Sept. '34
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19

Where did injury occur? None.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None.

Nature of injury None.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) D. D. Eagles, M. D.

(Address) Univ. Hosp.

M. D. B. 1268

F 06947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06947

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? 7 01 yrs. ... mos. ... ds.

2. FULL NAME Charles Lindau

(a) Residence: No. 52 N Edmondson St., ... Ward. ..... (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1859

7. AGE — Years: 75 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sinai Hosp

10. Date deceased last worked at this occupation (month and year): Nov 1934

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER

13. NAME: Florus Lindaus

14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER

15. MAIDEN NAME: Catherine Lindaus

16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: Leah Nagin

(Address): 52 N Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Hill Date: Nov 30 1934

19. UNDERTAKER: Wm Cook

(Address): 1219 E Fayette St

20. FILED: NOV 29 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): November 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1934 to November 28, 1934

I last saw him alive on November 28, 1934 Death is said to have occurred on the date stated above, at 9 41A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cardiovalvular disease	
Chronic myocarditis	
Cardiac insufficiency	
Arteriosclerosis	
Intracranial and insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Kaplan M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY WITH UNFADING INK

M. D. F. 1968-9

F 06948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 06948

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Gutsmiedl

(a) Residence: No. 20 Castle St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Gutsmiedl

6. DATE OF BIRTH (month, day, year) May 1. 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md

FATHER

13. NAME Henry H. Hallman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Katherine Kelline

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Bertha Gutsmiedl

(Address) 20 Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12 3 1934

19. UNDERTAKER

(Address) 12 Pont St

20. FILED NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1934 to Nov 28 1934

I last saw her alive on Nov 28 1934. Death is said to have occurred on the date stated above, at 8 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	March 1934
Acute Cardiac dilatation	

Other contributory causes of importance:

Anemia

Toxemia

Name of operation 1st stage Radical Excision of Rectum + Colotomy Date of Nov. 27/34

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Weisman M.D. M. D.

(Address) Sinai Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 29 1934

M. D. F. 1206 F 06949

F 06949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., Ward) 27-01

Registered No. 197

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Sheets

(a) Residence: No. 5203 Maple St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Sheets

6. DATE OF BIRTH (month, day, year) 11/5/1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 080

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Elias Sheets

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Whitmore

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Balto City Hospt

(Address) Record

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Cem Date 11/30 1934

19. UNDERTAKER Wm Cook

(Address) 1214 E Fayette St

20. FILED NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-10 1934 to 11-27 1934

I last saw him alive on 11-27 1934. Death is said to have occurred on the date stated above, at 3 30 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene, right foot	2 wks

Other contributory causes of importance:

Generalized Arteriosclerosis (2)	
Bronchopneumonia (3)	3 days

Name of operation Amputation right thigh mid third Date of 11-23 1934

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Gaver M. D.

(Address) Balto City Hospitals

M. D. B. 1268-9 **F 06950** **F 06950**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 33rd & Calvert St., Ward) 12-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Copeland Morton

(a) Residence: No. 1, St. Martin's Rd - City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced ~~Husband of~~ Fannie Comfort Morton

6. DATE OF BIRTH (month, day, year) Dec 16, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. coffee roaster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) San Francisco
(State or country) California

FATHER

13. NAME Samuel Packwood Morton

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

MOTHER

15. MAIDEN NAME Katherine M Israel

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

17. INFORMANT Fannie W. Morton
(Address) 1 St Martins Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem Date Nov 30, 1937

19. UNDERTAKER Hugo Friedrich Son
(Address) Baltimore Md

NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 37

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1937, to Nov 27 1937

I last saw h/m alive on 11/27/37, 19 . Death is said to have occurred on the date stated above, at 8:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ileum	Unknown
Coroner J J Montague	
Other contributory causes of importance:	
Paralytic Ileus	11/26/37
Pulmonary Infarction	11/27/37

Name of operation None Date of —

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A Jolas Snyder, M. D.

(Address) Union Memorial Hospital

M. D. F 12

F 06951

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06951

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 N. Luzerne Ave St., ... Ward)

Length of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles C. Lewis

(a) Residence: No. 1403 N. Luzerne Aye St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	divorced

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?????

6. DATE OF BIRTH (month, day, year) Feb12/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME Charles C. Lewis

14. BIRTHPLACE (city or town) (State or country) Washington, D.C.

MOTHER

15. MAIDEN NAME Catherine Battersby

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Maud Curtain
(Address) 1403 N. Luzerne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 30th 1934

19. UNDERTAKER John Wenck
(Address) 2005 Orleans St

20. FILED NOV 29 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at before 6 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Coroner for E. Wood, M. D.

(Address) .....

M. D. B 1268-9

F 06952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

06952

107-001

Registered No. .....

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7-01 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Polston

(a) Residence: No. 724 N. Spring St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hester

6. DATE OF BIRTH (month, day, year) March 26/1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas & Electric Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 07

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hester Polston (wife)
(Address) 724 N. Spring St

18. BURIAL, CREMATION, OR REMOVAL
Place McCabe Crem Date Nov 30, 1934

19. UNDERTAKER Robert E. Williams
(Address) 515 N. McElderry St

20. FILED Nov 30 1934 Huntington Hollins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 26/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12.35 P.M.

The principal cause of death and related causes of importance were as follows:	Date of onset
Bronchopneumonia	
Other contributory causes of importance:	
Feberal Arteriosclerosis (Mild)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Hall Coroner M. D.

(Address) 100 E. Fort Ave

M. D. B 1268-9.

F 06953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

1. PLACE OF DEATH

Registered No. 10-01

CITY OF BALTIMORE: (No. Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elijah Banks

(a) Residence: No. 927 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	???

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 15/1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	9	10 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME John H. Banks

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Alice Kelly

16. BIRTHPLACE (city or town) (State or country) Balto. Md,

17. INFORMANT Carrie Jackson sister

(Address) 927 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Dec 1st 1934

19. UNDERTAKER Robt T. Williams

(Address) 1215-15 McCulloh St

Huntington Pittsburgh Pa

REGISTERED 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol Shot wound of Spinal cord.	Nov 24/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 11/24/34

Where did injury occur? Balto. Md,

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 1800 block Hennenman Ave

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If ... specify ...

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Fort Ave

M. D. B. 8-9 F 06954 John Hannibal F 06954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apartments St. 12-01 Ward)

Length of residence in city or town where death occurred 74 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John Hannibal

(a) Residence: No. Homewood Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine Barnes

6. DATE OF BIRTH (month, day, year) Dec. 20, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Hannibal

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Not obtainable

16. BIRTHPLACE (city or town) "
(State or country) "

17. INFORMANT Mrs. Ruby Hamilton
(Address) 625 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 11/30 34

19. UNDERTAKER Henry U. Myers & Son
(Address) 805 N. Calvert St.

20. FILED NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1933 to Nov. 27, 1934

I last saw alive on Nov 27 1934 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Pulmonary Acute Heart.	June 5/33

Other contributory causes of importance:

Edema Nephros	Oct 34

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M D Thompson M. D.

(Address) 6 W Mount Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 06955 Mary McKeever F 06955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hospital St., Ward) 20-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary A. Keever

(a) Residence: No. 310 N. Fulton Ave. St., Ward. Brooklyn N.Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Female	white	married

If married, widowed, or divorced
HUSBAND of Francis McKeever
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-17-83

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME Thomas Ayer

14. BIRTHPLACE (city or town) (State or country) Conn

MOTHER

15. MAIDEN NAME (Unknown) Walker

16. BIRTHPLACE (city or town) (State or country) Conn

17. INFORMANT Francis J. McKeever

(Address) 310 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lafayette, Ind. Date 11-30-1934

19. UNDERTAKER Wm Cole

(Address) 1217 E. Coulter St

FILED NOV 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-24-34 . 19 . to 11-28-34 . 19

I last saw her alive on 11-28-34 . 19 Death is said to have occurred on the date stated above, at 3 1/2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	
Diverticulitis (Sigmoid)	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation NO Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06956

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06956

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bon Secours Hosp. St., Ward) 25-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen Johnson

(a) Residence: No. 327 Marydale Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced (or) WIFE of Sidney A. Johnson

6. DATE OF BIRTH (month, day, year) 6-22-01

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md.

FATHER

13. NAME Adolph B Loner

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Emma Gulter

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Sidney Johnson

(Address) 327 Marydale Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/1 1934

19. UNDERTAKER Wm Cook

(Address) 1212 E Pratt St

20. FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11-28-34 - 12:30 am 19 . to 11-28-34 . 19 .

I last saw her alive on 11-28-34 . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Diabetes Mellitus

Rt Perinephritic Abscess

Other conditions contributing but not related to principal cause

Jos G Verified

Jeff L Valentine MD

Coroner

Nov 29-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, home, or in public place

Manner of injury To be verified by Coroner

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert M. Allison M. D.

(Address) Bon Secours Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 29 1934

M. D. B. 1268-9

F 06957 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06957

Klamer

94-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward) 20-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hermilla Klomer

(a) Residence: No. 3049 Fredrick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem'l

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Klomer

6. DATE OF BIRTH (month, day, year): Feb 5-1862

7. AGE: Years 72 | Months 7 | Days 21/23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hochberg Germany

FATHER

13. NAME: Ernest Kleber

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marie Krentz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Herman Klomer 3049 Fredrick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec. 1st 1934

19. UNDERTAKER: Charles J. O. Dell.

(Address) 3109 Fredk Ave.

NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Nephritis 2d-3x	

Other contributory causes of importance:

Intest. Sclerosis

Name of operation: Injury Date of: Nov 28-34

What test confirmed diagnosis: P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M.D. Coroner

(Address) 16 So Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1934 F 06958 ✓ F 06958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 2209 Mt Holly St., E 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred C. Kramme

(a) Residence: No. 2209 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. Color or Race White — 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillie Kramme

6. DATE OF BIRTH (month, day, year) July 15 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
52	52	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk, 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John A. Kramme

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Henrietta Feltmacher

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs Amy K. Chase 2209 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Nov 30, 1934

19. UNDERTAKER Henry McMenamin & Son (Address) 4204 Roslyn Ave

20. FILED Nov 29, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...

last saw h... alive on Nov 27th, 1934; death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Pistol wound of head	
Other contributory causes of importance:	
Ill health	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, ~~homicide~~? Suicide Date of injury Nov 27 1934

Where did injury occur? 2209 Mt Holly (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Pistol

Nature of injury Pistol wound of brain

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) H. Falk, M. D. Coroner

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S O

Spec—1-30—M-43959 Blks

F 06959

F 06959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Edmondson ST., 19-01 WARD)

2-FULL NAME Sallie Berneley

(a) RESIDENCE NO. 1613 Edmondson ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 37

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Virginia V.A.

PARENTS

10 NAME OF FATHER Jazel Rouzie

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lapahana V.A.

12 MAIDEN NAME OF MOTHER Mary Rouzie

13 BIRTHPLACE OF MOTHER (city or town) (State or country) V.A.

14 Informant Harson Beverly

(Address) 1613 Edmondson Ave

15 Filed ..... 19 Huntington Registrar

NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov. 28. 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934, to Nov. 27, 1934, that I last saw her alive on Nov 27, 1934 and that death occurred, on the date stated above, at 6:30 A m.

The CAUSE OF DEATH* was as follows:

Organic Heart Disease

Hunting Indefinite (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exa.

(Signed) R. Garland Chappell, M. D.

Nov. 29, 1934 (Address) 1334 - Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Lapahanah V.A.

DATE OF BURIAL Friday 30 19 34

20 UNDERTAKER Elroy O. Wilson

ADDRESS 1000 Brand

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 12 F 06960

F 06960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

1. PLACE OF DEATH South Baltimore Gen. Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) 26-01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hart

(a) Residence: No. 4415 Furley Ave St., Gardenville. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Hart

6. DATE OF BIRTH (month, day, year) July 27, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	3	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Hart

14. BIRTHPLACE (city or town) (State or country) Cecil Co Md

MOTHER

15. MAIDEN NAME Ella Davis

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Blanche Hart
(Address) 4415 Furley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date Nov 29 1934

19. UNDERTAKER J O'Neill & F Denny
(Address) 715 Light St

19 ... Registrar

NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1934 to Nov. 26, 1934

I last saw h alive on Nov. 26, 1934 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11/19
Other contributory causes of importance: Myocardial failure	

Name of operation Inguinal hemiplasty Date of 11/18

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William DeWolfe M. D.

(Address) South Baltimore Hosp

M. D. B. 1268-9 F 06961

F 06961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+159

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 14 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John C. Francis

(a) Residence: No. Parkville, Md St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 22 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Balto Co (State or country) Md.

FATHER

13. NAME John Barnell Francis

14. BIRTHPLACE (city or town) Balto Co (State or country) Md.

MOTHER

15. MAIDEN NAME Gertrude Emge

16. BIRTHPLACE (city or town) Balto City (State or country)

17. INFORMANT Mary M. Francis (Address) Parkville Balto Co.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date Nov 30 1934

19. UNDERTAKER John Burns Sons (Address) Towson Md.

NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29 1934

22. I HEREBY CERTIFY, That I attended deceased from November 15, 1934 to November 29, 1934

I last saw him alive on November 29, 1934. Death is said to have occurred on the date stated above, at 12 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Malnutition	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Wasserlein, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. F 06962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Municipal Hospital St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeanette Rappsville

(a) Residence: No. Perryville Md. Cecil County St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) ~~WIFE~~ of

6. DATE OF BIRTH (month, day, year) July 29, 1933.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Perryville Md.

FATHER

13. NAME Edward Rappsville

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Rizzo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Edward Rappsville

(Address) Perryville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Erin Cem. Date Nov. 30 1934

19. UNDERTAKER Paul E. Gray Gatterson & Co.

(Address) Perryville, Md.

NOV 29 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-29 1934 to 11-29 1934

I last saw her alive on 11-29 1934 Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal meningitis	Nov. 1-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Armstrong Jr. M. D.

(Address) University Hospital

M. D. B. 1[illegible] F 06963 ✓ F # 06963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH Womans Hospital Registered No.

CITY OF BALTIMORE: (No. St., 15 Ward) 01 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Emma Van Sant

(a) Residence: No. 3007 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

FATHER

13. NAME Nicholson Van Sant

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sallie M Hood

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alonda G Van Sant
(Address) 3004 Clifton Ave Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury M E Date Dec 3 1934

19. UNDERTAKER J. E. Elmes & Sons
(Address) Reisterstown Md.

[illegible] Hunter [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1934, to Nov 30, 1934

I last saw h[illegible] alive on 11-27-30, 1934 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Auricular fibrillation	
Cerebral embolus	
Other contributory causes of importance: Arteriosclerosis, general	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Glenn Wilson Zeiler M. D.
(Address) Womens Hospital Baltimore, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

NO 129134

M. D. B 126 F 06964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06964

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Hopkins Hospital St., Ward) 7-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Kier

(a) Residence: No. 1201 Beechwood Boul., Pittsburg, Pa. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May.10.1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pittsburgh (State or country) Pa.

FATHER

13. NAME Frank Joes Kier

14. BIRTHPLACE (city or town) Pittsburgh, Pa (State or country)

MOTHER

15. MAIDEN NAME Mary Myler Kier

16. BIRTHPLACE (city or town) Pittsburgh, Pa (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)

20. FILED, 19 Registrar.

NOV 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ..., to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	??
Other contributory causes of importance:	
General Arteriosclerosis	??

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address)

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 06965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06965

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mark Flaherty

(a) Residence: No. 1222-E. Preston Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

6. DATE OF BIRTH (month, day, year) Nov. 1, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
67	-	26 27	XXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Cleaner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Barbara Dailey
(Address) 1222-E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 11/30/34, 19

19. UNDERTAKER [illegible]
(Address) 1735-Hanford Av[illegible]

FILED NOV 30 1934

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance: Accidental Fracture R Femur	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Nov 6, 1934

Where did injury occur? 1222 E Preston
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell in Hallway.

Nature of injury Fract of R Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) C O'Hara M D, M. D.
Coroner

(Address) 1305 N Patterson Park Av

M. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

M. D. F 1268-9

F 06966

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06966

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 10-C1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Fallon

(a) Residence: No. Little Sisters of Poor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 10. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Patrick Fallon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edward Fallon

(Address) 4423 Gelsmore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 12/1 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Fayette St

Filed NOV 30 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 3.05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: accidental fract of R Femur

Name of operation Date of

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 11/15 1934

Where did injury occur? Preston & Valley.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Fell down stairs.

Nature of injury Fract of R Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) B B Herzog M D M. D.

(Address) 1305 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06967

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3402 E. Lombard St., 76-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gottlieb X Spath

(a) Residence: No. 3402 E. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Mary Spath

6. DATE OF BIRTH (month, day, year) June 23rd 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building 015

10. Date deceased last worked at this occupation (month and year) Nov 4

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ferdinand Spath

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Madelina Brookhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Spath

(Address) 3402 E. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 1st 1934

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED Nov 30 1934 Wm. J. Hunter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) B P Hergrave M. D.
Coroner

(Address) 1305 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1

F 06968.

F 06968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward) 15-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Stehle

(a) Residence: No. 1816 Poplar Grove St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jenny Stehle

6. DATE OF BIRTH (month, day, year): 10-30-57

7. AGE: Years 77 Months 0 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? Oil

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: John Stehle

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Marie Bdrs Ellis

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): BCH Records

18. BURIAL, CREMATION, OR REMOVAL. Place London Park Date 11/30 1934

19. UNDERTAKER (Address): Wm Cole 1202 E Fayette St

20. FILED NOV 30 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-19 1934 to 11-28 1934

I last saw him alive on 11-28 1934 Death is said to have occurred on the date stated above, at 1245 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis, right arm & abscess formation	2 mos
Other contributory causes of importance: Bronchopneumonia Arteriosclerosis	3 days ?

Name of operation: Incision & Drainage Abscess Date of 11 1934

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howell N. Cole M. D.

(Address) 1202 E Fayette St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 06969 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06969

CERTIFICATE OF DEATH

93-003

1—PLACE OF DEATH — REGISTERED NO.

CITY OF BALTIMORE: (No.) 1422 (ST.) Bolton (WARD) 14-06

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME James McFee Dorsey

(a) RESIDENCE NO. 1422 (ST.) Bolton (WARD)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. 6 mos. 4 ds. How long in U. S., If foreign birth 61 yrs. 6 mos. 4 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie L. Dorsey

6 DATE OF BIRTH (month, day, and year) May-25-187[illegible]

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	6	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Insurance Agt

(b) General nature of industry, business, or establishment in which employed (or employer) Insurance Co

(c) Name of employer Self. Balto.

9 BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

10 NAME OF FATHER Ezekial S. Dorsey

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

12 MAIDEN NAME OF MOTHER Mary McFee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md

14 Informant Mrs M. L. Dorsey (wife)

(Address) 1422 Bolton St

Filed NOV 30 1934 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) November 29, 1934

17 I HEREBY CERTIFY, That I attended deceased from Oct 5, 1932, to Nov 29, 1934

that I last saw h[illegible] alive on Nov 29, 1934

and that death occurred, on the date stated above, at 4.45 A m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(Numerous previous attacks)

Final attack (duration) ... yrs. ... mos. 1 ds.

CONTRIBUTORY (Secondary) Myocarditis (chronic)

(duration) 3 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Phys Exam

(Signed) Charles I. Bassett, M. D.

, 19 (Address) 2229 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Druid Mount Cemetery	Dec-1-1934
20 UNDERTAKER	ADDRESS
Stewart & Co	1018 N Mt

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. F. 06970 ✓ F 06970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Northway Apts 3700 N Charles St 12-04 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

75 0 0

2. FULL NAME Nellie Thayer Penniman

(a) Residence: No. Northway Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Yates Penniman

6. DATE OF BIRTH (month, day, year): May-30-1857

7. AGE — Years: 77 | Months: 5 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none
10. Date deceased last worked at this occupation (month and year): none
11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): near Havana Cuba

FATHER

13. NAME: Harry W. Thayer
14. BIRTHPLACE (city or town) (State or country): Newburyport Mass.

MOTHER

15. MAIDEN NAME: Caroline Deford
16. BIRTHPLACE (city or town) (State or country): Newbury Port Mass

17. INFORMANT: Mrs Edith Y. Hinrichs (daughter)
(Address) 115 Hawthorne Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Nov 30 1934

19. UNDERTAKER: Stewart Mortuary Co.
(Address) 1058 N. Howard Ave.

Filed: NOV 30 1934 Huntington Ave Station

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1934 to Nov 26 1934

I last saw her alive on Nov 26, 1934. Death is said to have occurred on the date stated above, at 9.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, arteriosclerosis	?
Other contributory causes of importance:	
Cardiac Thrombosis	Nov 26

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar M. Little M. D.

(Address) 2435 Maryland Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 F 06971

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06971

82-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6116 Park Heights Ave. 27-01 Ward)

Length of residence in city or town where death occurred 76 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Reinhold Lerty.

(a) Residence: No. 6116 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ada C. Lerty.

6. DATE OF BIRTH (month, day, year) Mar. 12, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	76	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: R. Lerty Sons

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Piano Business

10. Date deceased last worked at this occupation (month and year): 1909

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Balto. Md.

FATHER

13. NAME: Reinhold Lerty.

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Rosalie Docke.

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Ada C. Lerty
(Address) 6116 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: Nov. 30 1934

19. UNDERTAKER: Jno. McCurley & Sons
(Address) North & Eutaw

(Signed) [illegible]
(Registrar)

NOV 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20/34, 19 , to Nov. 27/34, 19 .

I last saw him alive on Nov. 27/34, 19 . Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral thrombosis	Nov 27/34
Arterio-sclerosis	1924

Other contributory causes of importance:

Name of operation: None performed Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dublett M. D.

(Address) 2220 Harrison Blvd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-5 06972 Remlein F 06972

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 76-21 St., Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Reimlein

(a) Residence: No. 4421 Findlay Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 21-89

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	2	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Shoralty

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Catherine Spruill

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec. 1- 1934

19. UNDERTAKER H. Sanders & Sons Inc.
(Address) 1710 Eutaw Pl.

FILED NOV 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17 1934 to Nov. 28 1934

I last saw her alive on Nov. 28 1934 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock-during thyroidectomy for large colloid goiter with pressure symptoms	
Other contributory causes of importance: Colloid Goitre 1	1914

Name of operation Thyroidectomy Date of 11-28-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. Files F 06973 ✓ M F 06973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Hospital St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Siegal

(a) Residence: No. 2900 Springhill Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Siegal

6. DATE OF BIRTH (month, day, year) [illegible] Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Harris

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT M. Goldenberg

(Address) 2900 Springhill Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rodef Sholom Date 11/30/34 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Balto St.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 to 19

I last saw him alive on Nov. 19 Death is said to have occurred on the date stated above at 9:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured right hip	11/20/34
Bronchopneumonia	11/22/34
Other contributory causes of importance:	
Automobile Accident	11/20/34

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/20, 1934

Where did injury occur? Reisterstown Rd & Springhill Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across Street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Edelberg Coroner M. D.

(Address) 230 E Madison St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NO

M. D. B 1268

F 06974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06974

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Ellis

(a) Residence: No. 1108 Barnard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Ellis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Daniel Tinsney

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Ellen Sands

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Daughter

(Address) 1108 Barnard St

18. BURIAL, CREMATION OR REMOVAL

Place St. Matthews Date S. F. 1934

19. UNDERTAKER Daniel Easton

(Address) 96 Pennsylvania ave

Date 1934 Registrar

NOV 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19...

I last saw h— alive on ..., 19... Death is said to have occurred on the date stated above, at 8.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) P Peterson M D M. D.

(Address) 1205 N Patterson Park Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-9 06975

F 06975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 1 T-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Johnson

(a) Residence: No. 9082 Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward (dead)

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? 52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md. ?

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 12/1 34 19

19. UNDERTAKER Samuel Easton

(Address) 916 Pennsylvania Ave

20. FILED NOV 30 1934 Huntington Undertaking Co.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934 to Nov 27, 1934

I last saw h alive on Nov 27, 1934 Death is said to have occurred on the date stated above, at 6:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Cerebral Hemorrhage (Ventricle)	1yr

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagin M. D.

(Address) Balt City Hospitals

S. 3

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 38-9 F 06976

F 06976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Edison Highway) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elijah B. Montgomery

(a) Residence: No. 2212 Edison Highway St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) June 11 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Asel Montgomery

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Harriet Wales

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Sarah Montgomery

(Address) 2212 Edison Highway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Nov 30 . 1934

19. UNDERTAKER Martin W. C. Dippel Inc

(Address) 37 S. Paca St.

FILED NOV 30 1934 . 19.....

Registrar.

Huntington Undertaking Co

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23 . 1934 to Nov 27 . 1934

I last saw h[illegible] alive on Nov 26 . 19.. Death is said to have occurred on the date stated above, at [illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of tongue	2 yrs -
Other contributory causes of importance:	
Secondary anemia	6 months

Name of operation ..... Date of .....

What test confirmed diagnosis Physical & microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Athel Hatcher . M. D.

(Address) 4116 Northern Parkway

AACo. 5-11-250M

F 06977

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06977

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3253 Chestnut Avenue St. 13-01 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charity E. Krout

(a) Residence: No. 3253 Chestnut Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Joseph Krout

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Elizabeth Lowe

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. Bailey
(Address) 3253 Chestnut Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Nov 20 1934

19. UNDERTAKER A. L. Marshall
(Address) 2539 Eutaw Road

20. FILED NOV 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to November 20, 1934
I last saw her alive on Nov 25, 1934 death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral and general atherosclerosis	2
Other contributory causes of importance: Cardiac disease	

Name of operation — Date of

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify

(Signed) Wm. Mount M. D.
(Address) 8429 Chestnut Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268 F 06978 ✓ F 06978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 West Fayette St. 19-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert D. Penland

(a) Residence: No. 1321 West Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna E. Penland

6. DATE OF BIRTH (month, day, year) March. 1st 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME John H. Penland

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ester Cook

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs M. Clarke

(Address) 1321 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet, Date Nov. 30, 1934

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28. 34, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1934 to November. 28. 34

I last saw him alive on Nov. 28, 1934. Death is said to have occurred on the date stated above, at 7. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	(?)
Other contributory causes of importance: apoplexy	11/28/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. H. Dieperink, M. D.

11.28.34 (Address) 1326 W. Lombard St.

M. D. F. 1268-9

F 06979

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06979

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1233 S. Clinton St. 26-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christena M. White

(a) Residence: No. 1233 S. Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 9 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 28-1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
15	14	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob E. White

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Anna T. Fisher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Anna T. White

(Address) 1233 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date Dec 1 . 1934

19. UNDERTAKER George W. Zinkler

(Address) 1727 E. Eager St.

20. FILED NOV 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH 29th

21. DATE OF DEATH (month, day, year) Nov 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 . 1934 to Nov 28 . 1934

I last saw her alive on Nov 28 1934 Death is said to have occurred on the date stated above, at 1.25 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/23/34

Other contributory causes of importance:

Acute Myocarditis	11/28/34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) S. H. Bell M. D.

11/29/34 (Address) 315 S. Highland Ave

M. D. B. 1268-9

F 06980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06980

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3922 Sefton Ave St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. fifty mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth E Filbey

(a) Residence: No. 3922 Sefton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry S Filbey

6. DATE OF BIRTH (month, day, year) Nov 16 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	-	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore City
(State or country) Md

FATHER

13. NAME Samuel F Lambert

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth McCulloh

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Harry S Filbey
(Address) 3922 Sefton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Pk Date 12-1- 1934

19. UNDERTAKER Franklin W Seitz
(Address) 709 W 33rd St

20. FILED Huntington Pittman [illegible]

NOV 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1933 to Nov 28 1934

I last saw her alive on Nov 28 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	5 days

Other contributory causes of importance:

Chronic Myocarditis & Chronic Nephritis 21 Months

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R E Dalrymple M.D.

(Address) 117 N. 20 St.

F 06981

F 06981

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 20-01 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry J. Gilmer

(a) Residence: No. 1951 W. Lexington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE~~: Wm. Harry Gilmer

6. DATE OF BIRTH (month, day, year): 5-1-70

7. AGE — Years: 64 | Months: 6 | Days: 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City of Balto 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Bernard Gilmer

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Gerald Gilmer 1951 W Lexington

18. BURIAL, CREMATION, OR REMOVAL — Place: Cathedral Cem. Date: 11/30 34

19. UNDERTAKER (Address): Eyre & Farley Fulton Ave & Fayette

20. FILED: NOV 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11-28-34 19

22. I HEREBY CERTIFY, That I attended deceased from 11-26-34, 19 to 11-28-34, 19

I last saw h~~im~~ alive on 11-28-34, 19. Death is said to have occurred on the date stated above, at 11 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Myocarditis	

Other contributory causes of importance:

Ch. Endocarditis
Arteriosclerosis

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Allison M. D.

(Address) Bon Secours Hosp

M. D. B 1906 F 06982

F 06982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 S. Ellwood ave (St.) (Ward) 1-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Leo Knight

(a) Residence: No. 822 S. Ellwood ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 9 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Police 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Standard Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 29 yrs

12. BIRTHPLACE (city or town) (State or country) Ky

FATHER

13. NAME John T. Knight

14. BIRTHPLACE (city or town) (State or country) Elliott City Ind.

MOTHER

15. MAIDEN NAME Annie Dolan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss Mary Knight

(Address) 822 S. Ellwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 12/1/ 1934

19. UNDERTAKER J. J. Moran

(Address) 3660 Eastern Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1934 to Nov 28, 1934

I last saw him alive on Nov 28, 1934. Death is said to have occurred on the date stated above, at 8 30 a/m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lueter Arthritis	Dec 32
" Coronary disease	Sept 34
" Myocarditis	
Myocardial Failure	Nov 34

Other contributory causes of importance: None

Name of operation — Date of —

What test confirmed diagnosis? Lab. Chemical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. A. Schmunck, M. D.

(Address) 842 S. Eaton Pl.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 30 1934

M. D. B. 126

F 06983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06983

CERTIFICATE OF DEATH

95-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1905 Thomas Av St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Charles Ebert Stay D.D. 83-1-22

(a) Residence: No. 1905 Thomas Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna M Stay

6. DATE OF BIRTH (month, day, year) Sept 8 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Religious Org
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 58 yrs

12. BIRTHPLACE (city or town) (State or country) Harrisburg Penna

FATHER

13. NAME Charles A. Stay
14. BIRTHPLACE (city or town) (State or country) York Pa

MOTHER

15. MAIDEN NAME Rebecca Bantz
16. BIRTHPLACE (city or town) (State or country) York Penna

17. INFORMANT Mrs Anna M Stay (wife)
(Address) 1905 Thomas Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisburg Pa Date Dec-3 1934

19. UNDERTAKER Sheets & Monyn Co
(Address) 1008 Wilkins Ave.

NOV 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1930 to Nov. 30, 1934

I last saw him alive on Nov. 28, 1934 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1930
Cerebral emboli -at intervals since 1930.	

Other contributory causes of importance:
Cardiac insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George A Dawden, M. D.

(Address) 2517 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Arnold Lucas

(a) Residence No. 1222 N. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/19/84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		45	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME James Lucas

14. BIRTHPLACE (city or town) (State or country) Pa —

MOTHER

15. MAIDEN NAME Clara Kelly

16. BIRTHPLACE (city or town) (State or country) Md —

17. INFORMANT Records —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med. College Date Nov 30, 1934

19. UNDERTAKER
(Address)

NOV 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1934 to Nov. 24, 1934

I last saw him alive on Nov. 24, 1934. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11-19-34
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Francis D. Silvester ker, M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vs 3

M. D. B. 1268-9

F 06985

F 06985 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Ross

(a) Residence: No. 1828 N. Durham St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 18, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Walter Ross

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elsie Myers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Med College Date Nov 30, 1934

19. UNDERTAKER

(Address)

[illegible] Nov 30 1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18th, 1934, to Nov. 20th, 1934

I last saw him alive on Nov 20th, 1934. Death is said to have occurred on the date stated above, at 8:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11/18/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. O'Hara Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 12-39 F 06986

F 06986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

16 131

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 327 N Ellwood Ae St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J Tabeling

(a) Residence: No. 327 N Ellwood Ave St., 6 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maida Tabeling

6. DATE OF BIRTH (month, day, year) June 16 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	5	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltomore Md

17. INFORMANT Mrs Alfred Nagengast (Daughter)

(Address) 327 N Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 1 1934 19

19. UNDERTAKER Lilly Zeiler Inc

(Address) [illegible]

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 34 to Nov 28 34

I last saw h... alive on Nov. 27 19 . Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hypertrophied Prostate	
Uremic Coma	
Cystitis Chronic	1930
Cystitis Acute	
Other contributory causes of importance:	
Anemia	10 y

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. S. Gamm, M. D.

(Address) 622 N. Eutaw

M. D. B. 1209-9

F 06987 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06987

CERTIFICATE OF DEATH 114-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Willingham

(a) Residence: No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Minnie (Dec)

6. DATE OF BIRTH (month, day, year) Feb 7, 1906

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Tyler

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Laida Holder

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Records (Address) Balt City Hospitals

18. BURIAL, CREMATION, OR REMOVAL Charlestown W. Va Date 12-1-1934

19. UNDERTAKER Nash Sons Inc (Address) 1439 E. Balto St

20. FILED [redacted] Registrar.

NOV 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1934 to Nov 28, 1934

I last saw him alive on Nov 28, 1934 Death is said to have occurred on the date stated above, at 5.45 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess (Pyogenic)	2 wks
Hemiplegia, acute	3 "

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [redacted] M. D.

(Address) Balt City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 06988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06988

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3322 Dupont ave St., 27-21 Ward)

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie C. Bathon

(a) Residence: No. 3322 Dupont ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony V. Bathon

6. DATE OF BIRTH (month, day, year) Jan 17, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	10 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George W. Sherwood

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hardesty.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary F. King.

(Address) 3322 Dupont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lutherville Cem. Date 12/1 1933

19. UNDERTAKER Le Vernon Lemmon

(Address) 4611 Park Hgts Ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1933 to Nov. 29 1933

I last saw h[illegible] alive on Nov. 28 1933 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic brain disease with chronic nephritis and terminal uraemia.	Sept. 1933.
Other contributory causes of importance: Automobile accident	Sept. 7, 1933

No Inquest necessary Joseph Pokorny M.C.

O.K

Name of operation Open reduction of fracture Date of operation Sept 7/33

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Date of Injury Sept. 7 1933

Where did Injury occur? Baltimore, Maryland.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In automobile

Manner of Injury Collision

Nature of Injury Fracture of patella and contusion

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Kendig Wallace, M. D.

(Address) 2839 Walbrook Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 30 1933

M. D. B. 1268-0

F 06989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2542 Wilkins Ave. 20-0 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albertis L Beakes

(a) Residence: No. Delta Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 7-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Own Self

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Sept 1

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Penning Town New Jersey

FATHER

13. NAME Colwen S Beakes

14. BIRTHPLACE (city or town) (State or country) Longport N.J.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Beakes
(Address) Delta Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Dec 1 1934

19. UNDERTAKER Hubert P Watkins
(Address) Delta Pa

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-1934

22. I HEREBY CERTIFY, That I attended deceased from November 25 1934 to Nov 28 1934

I last saw him alive on Nov 28 1934 Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial weakness
Coronary Embolism

Date of onset: Nov 25 1934

(Other contributory causes of importance: —

Name of operation ... Date of ...

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? (No) If so, specify ...

(Signed) Thomas S. Bacon M. D.

(Address) 3632 Bed. Ave Balt.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 30 1934

M. D. F. 1268-9

F 06990

F 06990

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 109 S. Catherine St., 10-C Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew J. Saffran

(a) Residence: No. 109 S Catherine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Catherine E. Saffran

6. DATE OF BIRTH (month, day, year) Sept - 25 - 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John G Saffran

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E Truwald

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Catherine Saffran

(Address) 109 S. Catherine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mem Cathedral Dec 1, 1934

19. UNDERTAKER F. B. Herbert & Son

(Address) Eastern Ave & Place

Filed Nov 30 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 27 - 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 - 1924 to Nov 27 - 1934

I last saw him alive on Nov 27 - 1934 Death is said to have occurred on the date stated above, at 4:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Endocarditis	
Chronic Nephritis	
Hypertrophic Cirrhosis	
Ulcers - Cardiac Asthma	about

Other contributory causes of Importance:

Pulmonary Oedema

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did Injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert C Wiseley, M. D.

(Address) 2151 Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 30 1934

M. D. F 1268-9

F 06991

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06991

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 Barclay St. St. 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick M. Botta

(a) Residence: No. 1105 Barclay St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Vincent

6. DATE OF BIRTH (month, day, year) April 25 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Hotel

086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Martin Botta

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Carmelina Botta

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Lucie Marie Guenden

(Address) 116 Brentwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem, Date Dec. 1 34

19. UNDERTAKER Frank Della Noce

(Address) 52 N. Morley St.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934 to Nov. 27, 1934

I last saw h[illegible] alive on Nov. 27 1934 Death is said to have occurred on the date stated above, at 10.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis.	4/29/34
Other contributory causes of importance: Acute Cardiac Dilatation	11/27/34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. A. Tumminello, M. D.

(Address) Medical Arts Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

NOV 30 1934

M. D. B. 1268-9

F 06992 HEALTH DEPARTMENT—CITY OF BALTIMORE F 06992

CERTIFICATE OF DEATH 84

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 28-01 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 5 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dennis Flaherty

(a) Residence: No. Waterbury, Conn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 9. ~~1905~~ 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29 39	7	234	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waterbury Conn

FATHER

13. NAME John Flaherty

14. BIRTHPLACE (city or town) (State or country) Waterbury Conn

MOTHER

15. MAIDEN NAME Elizabeth Condon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospi Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Waterbury Conn Date Nov 30 1934

19. UNDERTAKER John C. Miller
(Address) 2435 E. Chase St

20. Filed NOV 30 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1928 to Nov. 30 1934

I last saw him alive on Nov. 30 1934 Death is said to have occurred on the date stated above, at 6:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	
Acute Cardiac Dilatation	1 day
Other contributory causes of importance:	
Dementia Precox	10 yrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Damian P. Alagia M. D.

(Address) 336 Frederick Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

(Whalen)

F 06993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06993

CERTIFICATE OF DEATH

186-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Lenton Ter St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mon. ds. How long in U. S. if of foreign birth yrs. mos. ds.

2. FULL NAME Thor Whalen Adopted Child

(a) Residence: No. 4035 Coldspring Lane Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of no.

6. DATE OF BIRTH (month, day, year) May 1932

7. AGE Years 2 | Months 8 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Cook

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Hozier

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Catherine Whalen

(Address) 4035 Coldspring Lane

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date Dec 1, 1934

19. UNDERTAKER Harry N. Ammerman Son

(Address) 4204 Ridgewood Ave

20. FILED , 19 Registrar

NOV 30 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Septicemia Staph Aureus
Epicystitis Septica
Endocranial Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) state whether it was (accident, suicide, or homicide) and the following: Date of injury Nov 29

Where did injury occur? Home

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down steps

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Luke M. D.

Coroner

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V S E

M. D. B. 1268-9

F 06994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 115-001

Registered No. F 06994

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 0 yrs. 1 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Slitomaser
(a) Residence: No. 1014 S. 19th St. St., Ward. Harrisburg - Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Cassilli

6. DATE OF BIRTH (month, day, year) 4/6/1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn —

FATHER
13. NAME Raffaele DeFranks
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Theresa Ingrassia
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisburg Pa. Date Dec. 1 1934

19. UNDERTAKER Eldred Sondheim & Sons
(Address) 1907 Eutaw Place

20. FILED Huntington Williams M.D. Registrar.

EC 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17 1934 to Nov. 30 1934
I last saw her alive on Nov. 30 1934 Death is said to have occurred on the date stated above, at 5-45-P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	
Post Operative Fistial	
Pneumonectomy	
Pronounced Reaction	
Pulmonary Embolism	

Other contributory causes of importance:

Name of operation Pneumonectomy Date of Nov 10 - 34

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) M. B. Woodhall, M. D.
(Address) Johns Hopkins

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06995

HEALTH DEPARTMENT—CITY OF BALTIMORE

06995

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals – Tuberculosis Hospital — Registered No.

CITY OF BALTIMORE: (No. ..... St. 70-61 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Hardesty

(a) Residence: No. 1814 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Mrs Eleanor Hardesty

6. DATE OF BIRTH (month, day, year) June 30, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
10. Date deceased last worked at this occupation (month and year) Sept 1934
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Charles Co. Maryland

FATHER
13. James Washington Hardesty
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Emma Williams
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date Dec 1st 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 5, 1934 to Nov. 29, 1934

I last saw him alive on Nov. 29, 1934 Death is said to have occurred on the date stated above, at 10 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	July 1934

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W Jacobson M. D.

(Address) Balto City Hospitals

F. N. B.—WRITE PLAINLY. Without prejudice to the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 1 1934

M. D. H. 1269-0

06996 HEALTH DEPARTMENT—CITY OF BALTIMORE 06996

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Registered No. 121

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Irene L. West

(a) Residence: No. 3409 Walbrook Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Margaret West

6. DATE OF BIRTH (month, day, year) Apr 7th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor & Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 016

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Church Hill Md

FATHER

13. NAME John West

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Catherine (illegible)

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs R. Townsend

(Address) 3409 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 3rd 1934

19. UNDERTAKER Wm Cook

(Address) 617 E Fayette St

20. FILED 1934 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-16-, 1934, to 11-30, 1934

I last saw h alive on 11-29, 1934. Death is said to have occurred on the date stated above, at 2 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute appendicitis Peritonitis	
Other contributory causes of importance: Bronchial pneumonia	11-29-34

Name of operation Appendectomy Date of 11-20-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Shirley A. Swaney, M. D.

(Address) 3 Maryland Ave. - Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FC 1 1934 V 53

M. B. P. 1268-9

E 06997

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 06997

CERTIFICATE OF DEATH

89-001

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Redwood & Greene (University Hospital) St. 12-01 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. N. Bigsby

(a) Residence: No. 2538 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10th 1916

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) London England

FATHER

13. NAME Thomas J. Bigsby

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME Mary W. Ewart

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs Thos J. Bigsby

(Address) 2538 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 3rd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

DEC 1 1934 Huntington Williams Nat

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-29, 1934 to 11-30, 1934

I last saw him alive on 11-30, 1934 Death is said to have occurred on the date stated above, at 3.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis media	11-22
Bacterial meningitis	11-29

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clifton W. Perry, M. D.

(Address) University Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 96998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 96998 53

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jessie Earl Mullis

(a) Residence: No. Cocke Co. Parrottsville Ward. Tenn —

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/6/29

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn —

FATHER

13. NAME Earl Mullis

14. BIRTHPLACE (city or town) (State or country) Tenn —

MOTHER

15. MAIDEN NAME Jennie May Hogan

16. BIRTHPLACE (city or town) (State or country) Tenn —

17. INFORMANT Reads —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Parrottsville Tenn. Date 12/1 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E. Baltimore St

20. FILED ... 193... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 1934 to Nov. 30 1934

I last saw him alive on Nov 30 1934 Death is said to have occurred on the date stated above, at 4 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Malignant)	March '34

Other contributory causes of importance:

Name of operation Craniotomy Date of 11/20/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwyn S. Stafford, M. D.

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 06999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 06999

CERTIFICATE OF DEATH

✓ 186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1535 N. Milton Ave St., 8-01 Ward)

72

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Margar et King

(a) Residence: No. 1535 N. Milton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick King

6. DATE OF BIRTH (month, day, year) Dec 7/1844

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman King (Son)
(Address) 1537 N. Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 12-1-34

19. UNDERTAKER J. Heuman & Son
(Address) 32 S. Broadway

20. FILED DEC 1-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 A.M. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	

Other contributory causes of importance:

Fracture of left femur	Nov 8/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 8/34

Where did injury occur? Baltimore, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Slipped & fell to floor

Nature of injury in bath room

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Dr. H. Carter Coroner, M. D.

(Address) 508 E Fayette

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 07000

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07000

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2766 The Alameda St., 9-01 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon Cooper Grove

(a) Residence: No. 2766 The Alameda St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Estelle Thompson Grove

6. DATE OF BIRTH (month, day, year) Mar 26 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Laura Cooper

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Estelle Grove

(Address) 2766 The Alameda

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Dec 3 1934

19. UNDERTAKER John Ulmert

(Address) 2200 Eutaw St

20. FILED [illegible] [illegible]

DEC 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1932 to Nov 30 1934

I last saw h... alive on Nov 30 1934 Death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	8 yrs
Arteriosclerosis	

Other contributory causes of importance:

Cerebral Hemorrhage	Hours

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Walter Thompson M. D.

(Address) 3136 Kenyon Rd.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

✓ 7.07001

M. D. P. 1268-9

7.07 001

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4308 Roland Ave St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline K. Ruppel

(a) Residence: No. 4308 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of G. Charles Ruppel

6. DATE OF BIRTH (month, day, year) Dec 5th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	76	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Karl Ruppel

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Amalie Ruppel

(Address) 4308 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL St Pauls, Wiverswell Date 12/2 1934

19. UNDERTAKER Mrs Chas A G Rohde

(Address) 3327 Edmondson Ave

Registrar.

DEC 1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1926 to Nov 30 1934

I last saw her alive on Nov 30 1934 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Nov 30, 1934.

duration - about 1-2 hours

Date of onset

Other contributory causes of importance:

Generalized Arteriosclerosis

Chronic Arterial Hypertension

Preceding 1926

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carroll Lockard M. D.

(Address) 4 E P Nelson St

Information should be complete. Physicians should state that it may be properly classified. Exact statement of CAUSE OF DEATH and OCCUPATION is very important. See instructions on back of certificate.

M.H. B 1268-9

F 07002

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07002

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1119 Sterett St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T Driver

(a) Residence: No. 1119 Sterett St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of widower

6. DATE OF BIRTH (month, day, year) July 24 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) 30 yrs

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Baltimore City all his life.

MOTHER

13. NAME Cyrus Driver

14. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

15. MAIDEN NAME Oliva Hopkins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Emma Cain

(Address) 1119 Sterett St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date 12/3 1934

19. UNDERTAKER Howard N. Blight Jr.

(Address) 1418 E. Gay St.

20. FILED 12-1-1934 Hamilton Williams (Clerk)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/30/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/30/ 1934 to 11/30/34 . 19

I last saw him alive on 11/30/34 . 19 Death is said to have occurred on the date stated above, at 12:15 A. m.

The principal cause of death and related causes of importance were as follows:

Art. Sclerosis — Date of onset 7

Hypostasis

Other contributory causes of importance:

Cerebral Apoplexy

Certificate filed by Dr Zeller, coroner

Pt. treated by me at intervals past 2 Mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard J. Terry M. D.

(Address) 910 W. Lombard

Information should be entered on this certificate so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 07003

F 07003 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 E York St St. 22-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Johnson

(a) Residence: No. 3 E. York St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 30, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 15 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Donald Johnson

14. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

15. MAIDEN NAME Margaret Bonce

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mother.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem Date 12/1/34 19

19. UNDERTAKER J. J. Fisher & Son
(Address) 1318 Light St

DEC 1 - 1934 Huntington Williams N.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1934 to Nov 30, 1934

I last saw him alive on Nov 30, 1934 Death is said to have occurred on the date stated above, at 3 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	

Other contributory causes of importance:

Name of operation Spontaneous delivery What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. Alexander Hovey M.D.

(Address) 1516 Madison Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. L. B. 1268-9

07004 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07004

51

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals, St., Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME August Henry Dost

(a) Residence: No. 4202 Powell Ave. St., Powell Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Catherine Dost

6. DATE OF BIRTH (month, day, year) 12-2-76

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER
13. NAME Charles H. Dost
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Friedericka Hoffmeister
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Catherine E. Dost
(Address) 4202 Powell Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 2 1934

19. UNDERTAKER Wm. J. Tyson & Sons
(Address) North & Centre Sts

FILED DEC 1 1934 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-5 1934 to 11-30 1934

I last saw him alive on 11-30 1934 Death is said to have occurred on the date stated above, at 2 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	Unknown
	10 22
Other contributory causes of importance:	
Uremia	11 24 34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Conrad L. Gyst M. D.

(Address) 1414 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 07005

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07005

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W. Lexington St. 19-61 Ward)

Length of residence in city or town where death occurred 85 yrs. 2 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah L. McShane

(a) Residence: No. 1404 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year): Sept. 30, 1849

7. AGE: Years 85; Months 2; Days 0; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Albert W. Case

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Anna Burner

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mary E. Hospital (Address) Aged Women's Home

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date Dec 1 1934

19. UNDERTAKER: Wm. H. Deacon Sons (Address) Park & Eutaw Sts.

FILED DEC 1 - 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 29 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1928 to Nov. 29 1934

I last saw h[illegible] alive on Nov. 28 1934 Death is said to have occurred on the date stated above, at 6.30 p. m.

The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 11/25

Other contributory causes of importance: Arterio-sclerosis, Hypertension

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B. Jones M.D.

(Address) 1105 St. Paul St. City

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1263-9

F 07006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07006

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Huntingdon Ave. St., 12-61 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Ritter

(a) Residence: No. 2608 Huntingdon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta Ritter

6. DATE OF BIRTH (month, day, year) Dec. 4, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 61 3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. Employee

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Frank Ritter

(Address) 2608 Huntingdon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 1, 1934

19. UNDERTAKER Wm J. Dickey & Sons

(Address) North & Pennsylvania Ave

20. FILED Dec 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1934 to Nov 29 1934, 19

I last saw him alive on Nov 27 1934, 19 Death is said to have occurred on the date stated above, at 8.a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis 1 wk	
Arteriosclerosis & Chronic Nephritis 1 wk	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Patrick Dunn M. D.

(Address) 1172 N. Eutaw St

C 1-1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

(Pearl Mae Wright) ✓ F 07007

F 07007 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 S Spring St., 3-A Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Mae Wright

(a) Residence: No. 20 S. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Colord	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Fred Wright

6. DATE OF BIRTH (month, day, year) 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT (Address): Fred wright. 20 S. Spring st

18. BURIAL, CREMATION, OR REMOVAL

Place asbury cemetery Date Dec 3 1934

19. UNDERTAKER (Address): Edward Bryant 1131 Orleans St

20. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1934 to Nov 29 1934

I last saw h[illegible] alive on Nov 27 1934 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Nov 18 34

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo Callen M. D.

(Address) 510 Cathedral St

C 1-1934

Information called for on this certificate is required by law. Accurate and complete answers to questions will assist in the compilation of public health statistics. Please state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 07008

F 07008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth 44 yrs. mos. ds.

2. FULL NAME Anna Magdalene Sakievich

(a) Residence: No. 3130 Normount Av St., 16th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Geo. J. Sakievich

6. DATE OF BIRTH (month, day, year) Dec. 31, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Fr. Huck

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anna (Not known)

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT A. J. Sakievich

(Address) 3130 Normount Av

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 3 1934

19. UNDERTAKER J. A. Greblauskas

(Address) 412 S. Paca St.

20. FILED Dec 1934 Registrar.

C1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1934 ✓

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1934 to Nov. 30, 1934

I last saw her alive on Nov. 30, 1934. Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	?
Other contributory causes of importance:	
Gangrene	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwarz, M. D.

(Address) St. Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07009

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 27 E. Ostend St. St., 23-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 0 mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John F. Silbernagel. Sr.

(a) Residence: No. 27 E. Ostend St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of XXXXXXXXXXXX Marie Silbernagel.

6. DATE OF BIRTH (month, day, year) November 18, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery man.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Godfried Silbernagel.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Katherine Graber.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Marie Silbernagel. (wife)
(Address) 27 E. Ostend St.

18. BURIAL, CREMATION, OR REMOVAL
Place WOODLAWN Date DEC 1 1934

19. UNDERTAKER John F Denny
(Address) 715 Eighth St

20. FILED DEC 1 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Hemiplegia.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto M. Reinhardt M. D.
Coroner
(Address) 11/20/24 1017 E. Charles St.

DEC 1 1934

See instructions on back of certificate. OCCUPATION is very important. State CAUSE OF DEATH in plain terms, so that it may be properly

M. D. B. 1268-9

✓ F 07010

F 07010

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH South Baltimore General Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. 76-84 Ward)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Catherine Huber

(a) Residence: No. 331 Pontiac Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Wm Huber
6. DATE OF BIRTH (month, day, year): Aug 8 1873
7. AGE: Years 61 | Months 3 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Brooklyn Md

FATHER
13. NAME: Charles Harman
14. BIRTHPLACE (city or town) (State or country): Prince George Co Md

MOTHER
15. MAIDEN NAME: Angenette Chaney
16. BIRTHPLACE (city or town) (State or country): Odenton Md

17. INFORMANT: Mrs Harriett Thomlon
(Address) 4007 4th St Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: Dec 3 1934

19. UNDERTAKER: John F. Denny
(Address) 715 Light St

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 11/30/34

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1934 to Nov 30, 1934
I last saw h[illegible] alive on Nov 30, 1934 Death is said to have occurred on the date stated above, at 10 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis c angina cordis failure.	
Other contributory causes of importance:	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hermes L. Hecht, M. D.
(Address) 1213 Light St.

C1-1934

Information should be carefully supplied. Age, that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 07011

HEALTH DEPARTMENT—CITY OF BALTIMORE

07011

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. [illegible] Ward)

Length of residence in city or town where death occurred 34 yrs. 9 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Ensley

(a) Residence: No. 418 Patapsco Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (or) WIFE of Dewey Ensley

6. DATE OF BIRTH (month, day, year) Feb. 7, 1900

7. AGE: Years 34 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John Schmelz

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rosa Legrand

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Husband & Dewey R Ensley
(Address) 418 Patapsco Ave Brooklyn Md

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 1. 1934

19. UNDERTAKER John F. Penny
(Address) 715 Light St

[illegible] Registrar.

C 1 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 | 28 | 34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11 | 28 | 34 . 19 . to 11 | 28 | 34 . 19

I last saw her alive on 11 | 28 | 34 . 19 . Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart failure	1 wk ago
Uraemic Poisoning	
Other contributory causes of importance Hypertensive Cardio-Renal Disease	Months

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John L. Bolen M. D.

(Address) Mercy Hospital - Balto.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-8

F 07012 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07012

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1034 Leadenhall St. St. 23-11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Banks.(C)

(a) Residence: No. 1034 Leadenhall St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Miles Banks.(C)

6. DATE OF BIRTH (month, day, year) November 14, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C.

FATHER

13. NAME James Proctor.(C)

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Annie.---------(C)

16. BIRTHPLACE (city or town) (State or country) Washington, D.C.

17. INFORMANT Annie Miller.(daughter)
(Address) 1034 Leadenhall St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 3, 1934

19. UNDERTAKER Mrs Katie R Williams
(Address) 222 r Schroeder st

20. FILED DEC 1 1934, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis.	

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner
11/30/34
(Address) 1017 E. Charles st.

Use INFORMATION of DEATH on part. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1268-9

F 07013 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07013

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 18-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2nd yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Comegys

(a) Residence: No. 534 W Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 23, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ind

FATHER

13. NAME Jacob Stewart

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

MOTHER

15. MAIDEN NAME Louise Davis

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Earl Young

(Address) 534 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 1, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Lafayette St.

20. FILED Dec 1 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 16, 1934, to November 28, 1934

I last saw her alive on November 28, 1934 Death is said to have occurred on the date stated above, at 10:20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ascending colon	

Other contributory causes of importance:

Intestinal Obstruction

Name of operation Exploratory laparotomy Date of 11/20/34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Helen F. Mangione, M. D.

(Address) University Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07014 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07014

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 563 Mosher St. 14-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa Williams

(a) Residence: No. 563 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lawrence Williams

6. DATE OF BIRTH (month, day, year) Aug 28 1884

7. AGE Years	Months	Days	if LESS than 1 day, ... hrs. or ... min.
50	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. maid 070

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jim Whittington

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Beans

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Eva Carr

(Address) 524 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 1, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lafayette Ave

D. FILED DEC 1-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-28-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1934, to 11-28-, 1934.

I last saw her alive on 11-24-, 1934. Death is said to have occurred on the date stated above, at 5:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid and Liver	Unknown

Other contributory causes of importance: Unknown

Name of operation Exploratory Date of Jan 27 1934

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank H Saunders, M. D.

(Address) 1029 N. Stricker St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Blks.

F 07015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07015

CERTIFICATE OF DEATH.

118

1-PLACE OF DEATH

CITY OF BALTIMORE, No. 1219 N Eden ST. 10-01 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Cora Cannady

(a) RESIDENCE NO. 1219 N. Eden ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: C

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Cannady

6 DATE OF BIRTH (month, day, and year)

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
35	1899	May	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic Sewing

(b) General nature of industry, business, or establishment in which employed (or employer): Sewing

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Charles Cannady

(Address) 1219 N Eden

15 Filed DEC 1 - 1934 Huntington Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Nov. 29 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1934 to Nov. 29, 1934

that I last saw h[illegible] alive on Nov. 29, 1934

and that death occurred, on the date stated above, at 9.30 P. m.,

The CAUSE OF DEATH was as follows:

Acute Indigestion

(duration) 1 yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Ingestion of Undigestable Food

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Medical

(Signed) J. H. Walters, M. D.

, 19 (Address) 1606 E. Preston St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cemetery

DATE OF BURIAL: Dec 2 1934

20 UNDERTAKER: Mrs. Robert A. Elliott

ADDRESS: 1129 Eastern Ave

TION IS very important. See instructions on back of certificate.

M. D. P. 1268-9

F 07016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07016

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 432 E. Gittings St. St., 24-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. --- mos. --- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert S. Landis.

(a) Residence: No. 1203 Riverside Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXXX Hilda Landis.

6. DATE OF BIRTH (month, day, year) October 12, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner gas filling station.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME Charles A. Landis.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania.

MOTHER

15. MAIDEN NAME Minnis.----------

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT Hilda Landis. (wife)
(Address) 1203 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md Date 12-2, 1934

19. UNDERTAKER J. Guy McCully
(Address) 130 E. Fort Ave.

20. FILED ... Registrar.

C1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Pulmonary Hemorrhage.
Pulmonary Tuberculosis.

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

11/30/34 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07017

F 07017 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 916 Eastern ave St., 3-01 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

2. FULL NAME Vincent Ferraracci

(a) Residence: No. 916 Eastern ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Delores

6. DATE OF BIRTH (month, day, year) May 15 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	67	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Ferraracci

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Delores Ferraracci
(Address) 916 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 3 1934

19. UNDERTAKER Martin Kane Diffel
(Address) 37 S Ann St

20. FILED Huntington Williams M.D.

C 1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1934

22. I HEREBY CERTIFY, That I attended deceased from November 22 1934 to November 30 1934

I last saw him alive on November 30 1934 Death is said to have occurred on the date stated above, at 3 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Nov 22-34	

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph A. Valentine M. D.

(Address) 16 S. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 07018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07018

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp. St. 11-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Fanny H. B. Chalmers

(a) Residence: No. 1002 Madison Ave. St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie H. Chalmers

6. DATE OF BIRTH (month, day, year) 2-17-1898

7. AGE — Years 36 — Months 9 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Baltimore

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Blanche B. Schmeltzel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. H. Chalmers

(Address) 2413 Lorraine Ave.

18. BURIAL, CREMATION, or REMOVAL Greenwood

Date Dec 1 1934

Baltimore County

19. UNDERTAKER Leonard Ruth

(Address) 205 Fulton Ave

20. FILED ..... 19 ..... Registrar

DEC 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... that I last saw him alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Uremia,	

Other contributory causes of importance:

Jaundice,	

Name of operation ..... Date of operation .....

What test confirmed diagnosis ..... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leek Coroner M. D.

(Address) Coroner

See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 07019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07019

CERTIFICATE OF DEATH

82-001

Registered No. 13-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2429 Woodbrook Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas J Butler

(a) Residence: No. 2429 Woodbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian George Butler

6. DATE OF BIRTH (month, day, year) Nov 9-1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69		21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James F. Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie Carr

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lillian George Butler
(Address) 2429 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Dec 3 1934

19. UNDERTAKER Sam'l F. Chase Son
(Address) 638 N. Gilmor

20. FILED Dec 3 1934 Huntington Williams M.D. Registrar.

C 1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 19 34

22. I HEREBY CERTIFY, That I attended deceased from 11-24 19 34 to 11-30 19 34

last saw h alive on 11-30 19 34 Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-24-34

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Bernard M. D.

(Address) 1 W. Lanvale St

F 07019

C 1-1934

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07020

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07020

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 25-61 St., ... Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Foster

(a) Residence: No. 503 Fairfield Ad St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Oscar Ford

6. DATE OF BIRTH (month, day, year) March ? 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Lee Bond

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Lettie Beckman

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Dec 1 1934

19. UNDERTAKER Robert T. Williams

(Address) 15-25 McElderry St

Robert T. Williams

20. FILED 1934 # 07020

C 1-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 28. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 27. 1934 to Nov 28. 1934

I last saw her alive on Nov 28. 1934 Death is said to have occurred on the date stated above, at 10.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency & congestive failure	6 hrs
Aortic Insufficiency	?
Other contributory causes of importance:	Unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I Pinagel M. D.

(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

3

F 07021

M. D. B. F 07021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 716 W Fayette St., 5th Ward)

Length of residence in city or town where death occurred yrs. mos 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J Kressel

(a) Residence: No. 716 W Fayette St. St., Ward Jacksonville Fla.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced (or) WIFE of Catherine E Kressel

6. DATE OF BIRTH (month, day, year) Aug 28-1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gasolier Sta

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Operator 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME William Kressel

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Margaret Hogan

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Catherine E Kressel

(Address) 716 W Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 12/3 1934

19. UNDERTAKER Edward Fowlkes

(Address) 2359 Park Blvd

20. FILED DEC 2 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1934 to Nov. 29, 1934

I last saw h[illegible] alive on Nov. 29, 1934 Death is said to have occurred on the date stated above, at 5 05 ?m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Angina Pectoris	1934
Chronic Myocarditis	6 mo

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Chas. Norton, M. D.

(Address) 858 Wilmington Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 07022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07022

XV 82-001

CERTIFICATE OF DEATH.

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 2021 Fulton St., 16-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Richard Winfred Ward.

(a) Residence No. 2021 Fulton Ave St., Ward Annapolis Md.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. male

4-COLOR OR RACE, white

5-Single, Married, Widowed or Divorced. (Write this word) Married

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Elizabeth

6-DATE OF BIRTH (month, day and year) June 12-1855

7-AGE. 79 yrs. 5 mos. 9 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.... Carpenter

(b) General nature of Industry, business, or establishment in which employed (or employer).... 115

(c) Name of employer....

9-BIRTHPLACE (city or town).... (State or Country), Md.

PARENTS.

10-NAME OF FATHER. R. E. Ward.

11-BIRTHPLACE OF FATHER (city or town).... (State or Country), Md.

12-MAIDEN NAME OF MOTHER. Mary Fisher

13-BIRTHPLACE OF MOTHER (city or town).... (State or Country). Md.

14- (Informant) Harry Ward

(Address) 2021 Fulton Ave

15- (Filed) DEC 2 - 1934 (Attested by) Hattie Williams Asst. Registrar

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12-1-34

17- I HEREBY CERTIFY, That I attended deceased from Nov. 26- 1934 to Dec-1-1934

(that I last saw h~~e~~ alive on 12-1-34 and that death occurred, on the date stated above, at 3.40 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) 1 yrs. mos. 5 ds.

CONTRIBUTORY (Secondary) Arterio Sclerosis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. Ed Stanton M. D

12-1-1934 (Address) 2024 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Annapolis Md

DATE OF BURIAL. Dec 4 1934

20-UNDERTAKER. C L Hopkins

ADDRESS Annapolis Md

In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—9-30—A. & Co.—250 Blks

F 07023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07023

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 105 Deepdene Road (St. 27-01 (Ward)

REGISTERED NO. 1946

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Alice C. Hunting

(a) RESIDENCE No. 105 Deepdene Road St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widow

6a If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of: Late George B Hunting

6 DATE OF BIRTH (month, day, and year): Dec 13 1851

7 AGE: Years 82 | Months 11 | Days 18 | If LESS than 1 day, ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Thomas Wallace Jamison

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Julia Ann Harper

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Maryland.

14 Informant: Alice Hunting
(Address): 105 Deepdene Road

15 Filed DEC 2 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-1-34.

17

I HEREBY CERTIFY, That I attended deceased from March, 1934, to 12-1, 1934

that I last saw her alive on 12-1, 1934

and that death occurred, on the date stated above, at 7.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 1 yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary)

(duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of ___

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John F Dorsey M. D.

. 19 (Address) 1129 St Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cemetery

DATE OF BURIAL: Dec 3d 1934

20 UNDERTAKER: Wm J Jenkins Sons Co

ADDRESS: Eldridge & Gallo

CAUSE OF DEATH is plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07024

F 07024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fanny Sachs

(a) Residence: No. 1717 N. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced WIFE of Louis

6. DATE OF BIRTH (month, day, year) May 28, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Leon

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Markowitz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 12/4/34. 19

19. UNDERTAKER Levy Funeral Home
(Address) 737 E. Lexington St

20. FILED 12-4-1934, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1934 to December 1, 1934.

I last saw her alive on December 1, 1934. Death is said to have occurred on the date stated above, at 7:17 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage - Left	
Broncho pneumonia type was	
terminal	
Other contributory causes of importance:	
hypertension	
Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel J. Schwartz, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12-2-1934

M. D. P. 1938-9 1840 Entaw Place

F 07025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07025

106-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1221 E. Biddle St. 10-01 Ward)

Length of residence in city or town where death occurred (yrs. 45 mos. da. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Fannie Friedman

(a) Residence: No. 1221 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Harris Friedman

6. DATE OF BIRTH (month, day, year) 1877

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Harris Friedman
(Address) 1221 E. Biddle

18. BURIAL, CREMATION, OR REMOVAL
Place Veterans Rosedale Date 12/2/34 19

19. UNDERTAKER Leuck Lewis Lee
(Address) 1707 E. Baltimore St

DEC 2 - 1934 Harris Friedman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 19 34

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1934, to Nov 30, 1934

I last saw he alive on Nov 30, 1934 Death is said to have occurred on the date stated above, at 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectasis	6 mths.
Other contributory causes of importance:	
Ch Bronchitis	6 yrs

Name of operation Date of

What test confirmed diagnosis? X-ray. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon Robitshek M. D.

(Address) 1840 Entaw Pl.

EXACT CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9 F 07026

F 07026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ... Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hollie Stern

(a) Residence: No. 204 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Samuel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Stelzer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Marian Beckenheimer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friends
(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Lot Holden Date 12/2/34 19

19. UNDERTAKER Gill Funeral Home
(Address) 1743 E. Baltimore St.

Filed DEC 2 - 1934 E. F. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1933 to November 30, 1934

I last saw h... alive on Nov 30, 1934 Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalomalacia (due to old cerebral hemorrhage)	16 mo ?
Fibrois-myxosarcoma of Pancreas, Sec	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify ...

(Signed) I Prasad ... M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07027

F 07027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Stein

(a) Residence: No. 2902 Oakley ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lea

6. DATE OF BIRTH (month, day, year) 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 042

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Solomon Stein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hetel Wolfe

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT David Stein
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Pt. & Lemay Hall Rd Date 12/2/37 19

19. UNDERTAKER Levy Bros Inc
(Address) 1439 E. Balto St

20. FILED DEC 2 - 1937 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 18, 1937 to December 1, 1937

I last saw h. alive on December 30, 1937. Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphoid Leukemia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl A. Krieger M. D.

(Address) Sinai Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks. F 07028

F 07028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 901 Aisquith Street ST. 10-04 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sr. M. Josaphat Kling

(a) RESIDENCE NO. Convent of Notre Dame ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec. 12, 1848

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	11	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Sisters of Notre Dame

9 BIRTHPLACE (city or town) (State or country) Phil. Pa.

PARENTS

10 NAME OF FATHER John Kling

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Sing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sister of Notre Dame
(Address) 901 Aisquith Street Baltimore

15 Filed DEC 2 1934

16 Registrar Huntington Hollins

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 1 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1934, to Dec. 1, 1934, that I last saw h or alive on Nov. 20, 1934, and that death occurred, on the date stated above, at 3 A. M. m.

The CAUSE OF DEATH* was as follows:

Broncho pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? usual

(Signed) F. J. Kirby, M. D.

12/1, 1934 (Address) 1106 North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Woodlawn Cemetery	Dec. 3 1934

20 UNDERTAKER	ADDRESS
Frank A. Fink	918 N. Gay St

Important. See instructions on back of certificates.

M. D. B 1268-9

F 07029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07029

CERTIFICATE OF DEATH

✓ 107-001

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Catan ave. St., 20-31 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilma Lois Wright

(a) Residence: No. 3231 Strickland St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 17-1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas C. Wright

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary ma Schumacher

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Thomas C. Wright

(Address) 3231 Strickland St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 4th 1934

19. UNDERTAKER F. B. Kerkut & Son

(Address) 1500 N. Gaetinger Ave

20. FILED DEC 2 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934 to Dec. 2, 1934

I last saw her alive on Dec. 2, 1934 Death is said to have occurred on the date stated above, at 3 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
c convulsions	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Simon A Kemp, M. D.

(Address) St Agnes Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1930 F 07030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07030

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2323 E. Lafayette St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Lower Rohlfing Dash

(a) Residence: No. 2323 E Lafayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie Dash

6. DATE OF BIRTH (month, day, year) Sept 16 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ret

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ferd Schoenberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fredricka Stiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Engels

(Address) 2323 E Lafayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Bal Cemetery Date Dec. 3 1934

19. UNDERTAKER C. B. Hilpert & Son

(Address) 1322 Eutaw Place

20. FILED DEC 3 1934 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) NOV 29 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 19 34, to NOV 29 1934, 19

I last saw her alive on NOV 29 1934, 19 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1 yr
Cerebral Hemorrhage	5 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Edward Lewis M. D.

(Address) 413 Mt Vernon Pl

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

FW 3

M. D. P. 126-B

F 07031

F 07031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5102 Harford Rd St. 27-61 Ward)

Length of residence in city or town where death occurred 50 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME J. Crawford Pearce.

(a) Residence: No. Ridge Ave + Putty Hill Ave. St., Ward. Balto Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion Pearce (Miller)

6. DATE OF BIRTH (month, day, year) Aug. 3 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 6 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Umbrella Mfr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

FATHER

13. NAME Rufus Pearce.

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Miranda Cox

16. BIRTHPLACE (city or town) (State or country) Balto Co. Md.

17. INFORMANT Mrs. E. A. Bloberger.
(Address) 5102 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec 3. 19 31

19. UNDERTAKER J. Melville Jenkins
(Address) 1125 Harford Ave.

20. FILED ..... 19 ..... Registrar .....

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11. 30. 1931

22. I HEREBY CERTIFY, That I attended deceased (from) June 1931 to Nov. 30, 1931

I last saw him alive on Nov. 30, 1931. Death is said to have occurred on the date stated above, at 12. N P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic hypertension	?
Chronic Nephritis	?
Cardiac decompensation	11. 23. 31

Other contributory causes of importance: Chronic Bronchitis ?

Name of operation ..... Date of .....

What test confirmed diagnosis? P E Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Blum M. D.

(Address) 1206 E Preston St.

EC2-1354

M. D. B. (1933) F 07032

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07032

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3705 Elkader Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. 3 ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Felicia A. Howerton

(a) Residence: No. 3705 Elkader Aver St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. Baker Howerton

6. DATE OF BIRTH (month, day, year) July 4/1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etr.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville, N.C.

FATHER

13. NAME Gen. Nicholas Wm. Arrington

14. BIRTHPLACE (city or town) (State or country) Nashville Nash Co., N.C.

MOTHER

15. MAIDEN NAME Temperance Ann Arrington

16. BIRTHPLACE (city or town) (State or country) Nashville N.C.

17. INFORMANT Mrs Bettye P. Bell (Daughter)
(Address) 3705 Elkader Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rocky Mount N.C Date Dec. 3 1934

19. UNDERTAKER Wm. J. Tickenor & Son
(Address) North & Paine

20. FILED Dec 3 1934 E. L. Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.45 P. M.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Dec 1/34

Other contributory causes of importanre:

Fracture of rt Femur	11/9/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violenre) fill in also the following:
Accident, suiride, or homicide? accident Date of injury 11/9/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in publir place in home

Manner of injury slipped & fell to florr

Nature of injury in ber room

24. Was disease or injury in any way reinted to occupation of deceased?

If so, specify .....

(Signed) J. H. Paine M. D.
Coroner

(Address) 508 E North Ave

M. D. B. 1268-9

Doris L Thomas

F 07033

F 07033 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-001

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Doris L. Thomas

(a) Residence: No. 922 Homestead St., Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 12 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Butte Mont

FATHER

13. NAME Charles Thomas

14. BIRTHPLACE (city or town) (State or country) Butte Mont

MOTHER

15. MAIDEN NAME Mary Freeman

16. BIRTHPLACE (city or town) (State or country) Butte Mont

17. INFORMANT Mrs Mary Thomas

(Address) 922 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Park Date Dec 3 19 34

19. UNDERTAKER Chas A Stevens

(Address) 1301 E Fort Ave

20. FILED ... 19 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

V 53

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30 1934

22. I HEREBY CERTIFY, That I attended deceased from November 20, 1934 to November 30, 1934

I last saw her alive on November 30, 1934 Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Otitis media - left	
2. Mastoiditis - left	

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 11-22-34

What test confirmed diagnosis? Of Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B 1268

F 07034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07034

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Bayonne St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma V. Frankeu

(a) Residence: No. 3215 Bayonne St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Geo. W. Frankeu

6. DATE OF BIRTH (month, day, year) Nov. 24 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

FATHER

13. NAME J. C. O'neal

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Catherine Dee

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Geo. W. Frankeu

(Address) 3215 Bayonne St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Dec 3 19 34

19. UNDERTAKER Chas L Stevens

(Address) 1501 E Fort Ave

DEC 3 1934 Filed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 19 34

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 19 to Nov. 29 19 34

I last saw h alive on Nov 29 19 34 Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1 d
Uremic convulsions	1

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas L A Stevens M. D.

(Address) 878 Hanover

STATE CAUSE OF DEATH in plain terms. No abbreviations. If any part is due to OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 12[illegible]

F 07035

F 07035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16-61 Ward)

Length of residence in city or town where death occurred 78 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Clara Kleebacker

(a) Residence: No. 2809 Harlem St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan. 9, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11 10	23 ✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Amdrion

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unites Railways

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John Kleebacker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Clara Walker

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Dec 3 1934

19. UNDERTAKER Geo W Sittler
(Address) 2700 Edmondson Ave

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-27 . 1934 to 12-1 . 1934

I last saw her alive on 12-1 . 1934. Death is said to have occurred on the date stated above, at 6:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days

Other contributory causes of importance:

None.

Name of operation None. Date of

What test confirmed diagnosis? ✓ Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene A. Schmidt, M. D.

(Address) c/o Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1[illegible]

F 07036

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07036

CERTIFICATE OF DEATH

93-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Mt. Royal Avenue, 1 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 67 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T. Duane

(a) Residence: No. 1610 Mt. Royal Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Kissinger

6. DATE OF BIRTH (month, day, year) ---------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 008

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Duane

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

MOTHER

15. MAIDEN NAME Catherine Garvey

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT Mrs. Margaret Duane

(Address) 1610 Mt. Royal Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 12/3 34

19. UNDERTAKER Henry H. Deane and Son

(Address) 805 N. Calvert Street

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1- , 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-17- , 1934, to 11-30- , 1934.

I last saw him alive on 11-30- , 1934. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) H. H. Mowbray M. D.

(Address) 1672 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

EC2 [illegible]

M. D. B. 1268 F 07037 F 07037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Annie Hall

(a) Residence: No. 3302 Liberty Heights Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harvey Britton Hall

6. DATE OF BIRTH (month, day, year) Oct 11th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Easton, Md.

FATHER

13. NAME Denny E. Coffin

14. BIRTHPLACE (city or town) (State or country) Easton, Md

MOTHER

15. MAIDEN NAME Martha Bromwell

16. BIRTHPLACE (city or town) (State or country) Easton, Md

17. INFORMANT Mrs. Paul Mayer

(Address) 5203 Draymore Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/3/34 19

19. UNDERTAKER Leo Weber & Son

(Address) 5513 Edmondson Ave

[illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-1-34

22. I HEREBY CERTIFY, That I attended deceased from 11-22, 1934, to 12-1, 1934

I last saw her alive on 12-1, 1934 Death is said to have occurred on the date stated above, at 6:22 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
Other contributory causes of importance:	
Terminal bronchitis, pneumonia	11-30

Name of operation Release of Adhesions Date of 11-22-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Stanley A. Dunkley, M. D.

(Address) Balto. General Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

F 07038

F 07038

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-002

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Traynham

(a) Residence: No. 1302 Edmondson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Whitington

14. BIRTHPLACE (city or town) (State or country) Tasley V.A.

MOTHER

15. MAIDEN NAME Mary taylor

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) John Traynham 1302 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 12/2/34

19. UNDERTAKER (Address) Elroy A Wilson 1002 Brantleyave

Filed ..... 19 ..... Registrar.

12-1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 12, 1934 to November 28, 1934

I last saw h[illegible] alive on Nov 28, 1934. Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Staphylococcus Infection	11/27/34
Other contributory causes of importance: Toxic Operative Herniation of Intestine & Acute pulmonary Hypostasis following Operation	11/27/34
	11/27/34

Name of operation Hypostasis Date of 11/9/34

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, [illegible]

(Signed) J Barlow Higgins M. D.

(Address) 844 N. Eutaw

Cor.—1-1234—M F 07039

M F 07039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

210-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hospital ST., WARD)

2-FULL NAME Morris Pondfield

(a) RESIDENCE NO 2900 Ulman ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Struck by auto while walking across Reisterstown Rd on Ulman Ave 12/1/34

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6 DATE OF BIRTH (month, day, and year) April 22 1876

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	7	9	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Poland

PARENTS

10 NAME OF FATHER Jacob Pondfield

11 BIRTHPLACE OF FATHER (city or town) (State or country) Poland

12 MAIDEN NAME OF MOTHER Rachel Koopermon

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Poland

14 Informant Louis Pondfield
(Address) 1811 Violet ave

15 Filed 192 Registrar

12-1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/1 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos 1 ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. 1 ds.

(Signed) Joseph Adcomy M. D.
(Coroner.)
192 (Address) 2200 E Madison St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual re[redacted]

19 PLACE OF BURIAL OR REMOVAL Hebrew Friedale

DATE OF BURIAL 12/2 1934

20 UNDERTAKER Goldstein Bros

ADDRESS 1126 W. North ave

F 07040

M. D. P. 1268 F 07040

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1934-002

Registered No. 22-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 22-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Herold

(a) Residence. No. 2920 Overland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Agusta Herold

6. DATE OF BIRTH (month, day, year) Sept 8, 881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Molasses Importer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Charles Herold

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME R. Bauer

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT (Address) Mrs. John H Herold 2920 Overland ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date Dec 3, 1934

19. UNDERTAKER (Address) John F. Moran 3000 E. Baltimore

20. FILED Dec 3 1934 Huntington Williams Registrar

C 2 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1934 to Nov 30, 1934

I last saw h. alive on Nov 29, 1934 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 11/22/34
Pulmonary edema
Hypostension

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

F 07041

M. D. B 1268-9

F 07041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-002

1. PLACE OF DEATH
CITY OF BALTIMORE: No. 2004 Edgewood Road (2004 Edgewood Road) Sec. (15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jas. Ben. Blair. (James Benjamin Blair)

(a) Residence: No. 2004 Edgewood Rd. (2004 Edgewood Road) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Nellie D. Blair

6. DATE OF BIRTH (month, day, year): Jan 1 - 1874

7. AGE: Years 60 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst Supt
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Traffic 086
10. Date deceased last worked at this occupation (month and year): B & O R. Nov. 30
11. Total time (years) spent in this occupation: 1884

12. BIRTHPLACE (city or town) (State or country): Westerham Kent Eng.

MOTHER
13. NAME: Jas T Blair md
14. BIRTHPLACE (city or town) (State or country): md

FATHER
15. MAIDEN NAME: Agnes Price
16. BIRTHPLACE (city or town) (State or country): Baltimore md

17. INFORMANT (Address): Nellie D. Blair 2004 Edgewood Rd

18. BURIAL, CREMATION, OR REMOVAL
Place: Lorraine Cem. Date: Dec. 3 19 34

19. UNDERTAKER (Address): Joseph H Cook 1003 W. Baltimore St.

20. FILED: Dec 4 1934 Wm. F. Swann Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 30 th 19 34

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 to Nov 30 19 34

I last saw h alive on Nov 29 19 34. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Sudden

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Hook M. D. Coroner
(Address) Coroner

M. D. B. 126

F 07042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07042

CERTIFICATE OF DEATH

131

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 519 N. Carey St. 18-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Carey

(a) Residence: No. 519 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Carey

6. DATE OF BIRTH (month, day, and year) Feb. 13, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (City or town) (State or country) Maryland

FATHER

13. NAME Joseph B Hall

14. BIRTHPLACE (City or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Matilda Matthews

16. BIRTHPLACE (City or town) (State or country) Maryland

17. INFORMANT Charles J. Carey

(Address) 519 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL Place Locust Chapel Date Dec. 3, 1934

19. UNDERTAKER Easters Sons

(Address) Edmondson Ave

20. FILED 1935 Huntington Improvement Co.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933 to Nov. 30, 1934

I last saw h[illegible] alive on Nov 29, 1934 Death is said to have occurred on the date stated above, at 10:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Glomerulonephritis with myocardial insufficiency.	1924

Other contributory causes of importance:

None known

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Chas. J Keller M. D.

(Address) 222 W. Monument St

M. D. B. F-07043 F 07043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Seibel

(a) Residence: No. 204 West 25th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Mary Smith

6. DATE OF BIRTH (month, day, year) Aug 24 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker 017

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Seibel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Weisgerber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records (Address) 334 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL Place Rockyhill Cem Date Dec 1934

Fred C. Powell & Albaugh

19. UNDERTAKER Powell & Albaugh (Address) Woodbourne

20. FILED DEC 3 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1934, to Dec 2, 1934.

I last saw h[illegible] alive on Dec 2, 1934. Death is said to have occurred on the date stated above, at 3 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1931
Arteriosclerotic Heart Disease	1934
Gastric ulcer	1930

Other contributory causes of importance: Cancer

Name of operation None Date of

What test confirmed diagnosis? (Clinical) Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. [illegible]-9 F 07044 F 07044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3401 E. Baltimore St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. — mos. 7 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edmund Jesse Carlton

(a) Residence: No. 3401 E Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Annie K. Carlton

6. DATE OF BIRTH (month, day, year) Feb 12-1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Mining

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Pittsburg Coal Co

10. Date deceased last worked at this occupation (month and year) May 1909

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Fayette City Pa.

FATHER

13. NAME John Carlton.

14. BIRTHPLACE (city or town) (State or country) Lancaster England.

MOTHER

15. MAIDEN NAME Lydia Bannum.

16. BIRTHPLACE (city or town) (State or country) New Geneva Pa.

17. INFORMANT John D. Carlton.
(Address) 3401 E Balto St.

18. BURIAL, CREMATION, OR REMOVAL Fayette City Cemetery Date Dec 2 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.

FILED DEC 2 - 1934 Huntington Pallinger

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1934 to Nov 30 1934

I last saw him alive on Nov 30 1934. Death is said to have occurred on the date stated above, at 8 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis & decompensation	days
Bronchopneumonia	1 day

Other contributory causes of importance:

Chronic Bronchitis Coryza Emphysema

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Julius H. Gundersen M. D.

(Address) 3400 E. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 120 F 07045 ✓ F 07045

9425-S

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-005

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Rogus

(a) Residence: No. 605-S-Bond St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct-11-1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Fritz Rogus

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Reads — JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec 3 . 1934

19. UNDERTAKER Kendall J. Tippett

(Address) 300 S. Eden St.

20. FILED ... 1934 ... Registrar

DEC 3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 . 1934 to Nov-28 . 1934

I last saw her alive on Nov. 28 . 1934 2305 m. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pituitary adenoma	1yr. ago
Acute pyelitis, pyelonephritis	1 wk. ago

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Woodbridge Williams M. D.

(Address) Johns Hopkins Hospital

M. D. No. F 07046 ✓ F 07046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 27-C

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leslie Morrow

(a) Residence: No. 4912 Ivanhoe Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Morrow

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ruth Grant

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 3rd 1937

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

C3-1934 Filed for Reference Dec 7 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 8, 1937 to Dec 1, 1937

I last saw h[illegible] alive on Dec 1, 1937 Death is said to have occurred on the date stated above, at 9-40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Heart disease, rheumatic?	?
Myocardial Insufficiency	
2c congestive failure	1yr ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Pharaild M. D.

(Address) Balt City Hosp

INSTRUCTIONS ON BACK OF CERTIFICATE. See

M. D. B. 126 F 07047 ✓ F 07047

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2809 Kennedy St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lavinia A. Tucker

(a) Residence: No. 2809 Kennedy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter W. Tucker

6. DATE OF BIRTH (month, day, year) July 10, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Nalley

14. BIRTHPLACE (city or town) (State or country) Georgetown, Md.

MOTHER

15. MAIDEN NAME Mary Hynson

16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Carrie Wilson
(Address) 2809 Kennedy

18. BURIAL, CREMATION, OR REMOVAL.
Place Woodlawn Date Dec 4th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Dec 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1934 to Dec 1, 1934

I last saw her alive on Dec 1, 1934 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Uncertain

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Fred B. Seybert M. D.

(Address) 2802 Fairford Ave

M. D. R. No. F 07048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07048

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4311 Falls Road St., 27-01 Ward)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs. mos. ds. 72 0 22

2. FULL NAME Mary Jane Keller

(a) Residence: No. 4311 Falls Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Keller

6. DATE OF BIRTH (month, day, year) Nov 9 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	0	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1900 | 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

FATHER

13. NAME Carrington Gosnell

14. BIRTHPLACE (city or town) (State or country) Carrollton Maryland

MOTHER

15. MAIDEN NAME Elizabeth Ebaugh

16. BIRTHPLACE (city or town) (State or country) Carrollton Maryland

17. INFORMANT Mr J. Keller (Husband)
(Address) 4311 Falls Road.

18. BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Balto. Date Dec 3 1934

19. UNDERTAKER Stewart & Mowatt Co
(Address) 108 W Madison

20. FILED Dec 1 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1934 to Dec - 1 1934

I last saw h[illegible] alive on Nov - 30 1934 Death is said to have occurred on the date stated above, at 5A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Tail of Pancreas diagnosed by operation June 1934	
Metastasis to Liver	

Other contributory causes of importance:

Exhaustion

Name of operation Exploratory Laparotomy Date of

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Tilson Porter, M. D.

(Address) 4822 Roland Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1

F 07049

F 07049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2904 N Calvert St., 12th Ward)

Length of residence in city or town where death occurred 64 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 64-8-2

2. FULL NAME Mary Wilson Blair

(a) Residence: No. 2904 N. Calvert St., 12 Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): March 29-1870

7. AGE: Years 64; Months 8; Days 2; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto. Public School

10. Date deceased last worked at this occupation (month and year): Nov-9-1934

11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James A. Blair

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Mary Wilson

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs. Ensor - (Cousin)

(Address): 2-E-33-St.

18. BURIAL, CREMATION, OR REMOVAL: Place Druid Hill Date Dec 4, 1934

19. UNDERTAKER: Stuart Mason Co.

(Address): 108 W Madison St.

20. FILED DEC 3 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1934, to Dec 1, 1934

I last saw her alive on Dec 1, 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/1/34
Pleurisy with effusion	11/11/34
Other contributory causes of importance:	
Arteriosclerosis	1930
Myocarditis	1934

Name of operation: — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Helen F. Friedman, M. D.

(Address) 6 East Biddle St

M. D. F. 1268 F 07050

F 07050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 W. Lafayette Ave St. 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. 71 mos. 3 ds. 9

2. FULL NAME Joseph Thomas Gillin

(a) Residence: No. 1918 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary M. Gillin

6. DATE OF BIRTH (month, day, year): August 23 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	3	9	64

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book binder (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: from U.S. Gov. printing office

10. Date deceased last worked at this occupation (month, day, year): Sept 11/30

11. Total time (years) spent in this occupation: 42 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Thomas Gillin

14. BIRTHPLACE (city or town) (State or country): County Cork Ireland

MOTHER

15. MAIDEN NAME: Honnor McLaughlin

16. BIRTHPLACE (city or town) (State or country): County Cork Ireland

17. INFORMANT: Mrs. Mary M. Gillin (wife)
(Address) 1918 W Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date Dec 4/34 19

19. UNDERTAKER: D Stewart & Mowen Company
(Address) 108 W North Avenue

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-1-34 19

22. I HEREBY CERTIFY, That I attended deceased from 11-20 1934 to 12-1- 1934

I last saw h[illegible] alive on Dec 1 1934 Death is said to have occurred on the date stated above, at 10:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Hemiplegia	11-19-34
Cerebral Hemorrhage	11-19-34
Other contributory causes of importance:	
Acute Bronchitis	10-20-34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Michael L Cataldo M. D.

(Address) 103 1/2 N Broadway

Spec.—2-29-28—D. S. [illegible]

F 07051

F 07051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5008 Reisterstown St. (WARD) 27-1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Louis Shaner

(a) RESIDENCE NO. 5008 Reisterstown Road WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: W

5 ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ora Shaner

6 DATE OF BIRTH (month, day, and year): Mar. 28-1857

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): Cook 021

(c) Name of employer: U. S. Army Carroll Co

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Jacob Shaner

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md.

12 MAIDEN NAME OF MOTHER: Christina Leister

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

14 Informant: Grover C. Shaner

(Address) 5008 Reisterstown Rd

15 Filed ... 3-1934 ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2-1934

17 I HEREBY CERTIFY, That I attended deceased from Sept. 20, 1934, to Dec. 2, 1934

that I last saw him alive on Dec. 2. 1934

and that death occurred, on the date stated above, at 11-50 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Liver

Aortic Stenosis

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) James S. Aisquith, M. D.

19 (Address) 1012 Park Heights ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: National Cemetery

DATE OF BURIAL: Dec 4th 1934

20 UNDERTAKER: Richard E. Lee

ADDRESS: 2224 N. Charles St

M. D. F. 1265 F 07052 ✓ F 07052

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-01 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Carroll

(a) Residence: No. 849 Lemon St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widower

5a. If married, widowed, or divorced
HUSBAND of (dead)
(or) WIFE of Hannah

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day..... hrs. or .....min.
85 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn Franklin Co Pa

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Hester ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Date Dec 3rd 1934

19. UNDERTAKER J Bern O'Meeley
(Address) 818 Mt Auburn Ave.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934 to Nov 29, 1934

I last saw him alive on Nov 29, 1934 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	>
Chronic Nephritis	>
Uremia	

Other contributory causes of importance:

Senility	>

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city, or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I D Pugsley, M. D.

(Address) Balt City Hosp

M. D. P. F 8-9 F 07053

F 07053

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34K

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE (No. 1512 Gilmor St., 6 - 6th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma Johnson

(a) Residence: No. 129 N Chapel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Johnson

6. DATE OF BIRTH (month, day, year): [illegible] 1877

7. AGE: Years 57 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: Anna Peters

14. BIRTHPLACE (city or town) (State or country): Germany

FATHER

15. MAIDEN NAME: Mary Peters

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Georgia Johnson 129 N Chapel St

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Date 12-3rd 1934

19. UNDERTAKER (Address): Clarence W. Wright 1211 Edmondson Ave

20. FILED ... 19 ... Registrar

DEC 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 30 1934

22. I HEREBY CERTIFY, That I attended deceased from October 30 1934 to November 30 1934

I last saw her alive on November 30 1934 Death is said to have occurred on the date stated above, at 3.25 A.M.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal disease — Date of onset: October

Cerebral Hemorrhage — Date of onset: Nov 30

Other contributory causes of importance:

Duls

Name of operation: None — Date of

What test confirmed diagnosis? Clinical — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Charles T. Wright M. D.

(Address) 1211 Edmondson Ave

OCCUPATIONS IS very important. See instructions on back of certificate.

M. D. B. No. F 07054

F 07054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4614 Hazelwood Ave St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Costa

(a) Residence: No. 4614 Hazelwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec. 2nd 1934

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Costa

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary E. Plummer

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

17. INFORMANT Mrs Mary Plummer

(Address) 4614 Hazelwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Cavalry Cem. Date Dec. 3 1934

19. UNDERTAKER Fred. Langhorst & Son

(Address) 1401 Bank Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2 1934 to Dec. 2 1934

I last saw her alive on Dec. 2 1934 Death is said to have occurred on the date stated above, at 12.50 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia both lungs	
(4 months duration)	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violenre) fill in also the following:

Accident, suiride, or homiride? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Langhorst M. D.

(Address) 1210 E. Baltimore St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1568-1 F 07055

F 07055

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2008 Brunt St., (W.) 15-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie H. Taylor

(a) Residence: No. 2008 Brunt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fmal
4. Color or Race Col
5. Single, Married, Widowed, or Divorced (write one word) Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Chas Taylor.
6. DATE OF BIRTH (month, day, year) June 18-1870
7. AGE Years 64 Months 5 Days 12 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070
10. Date deceased last worked at this occupation (month and year) Fredericktown Md
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jas Buttz

MOTHER
13. NAME Md
14. BIRTHPLACE (city or town) (State or country) Elizabeth Welch
15. MAIDEN NAME Md.
16. BIRTHPLACE (city or town) (State or country) Mary Bowles

17. INFORMANT (Address) 2008 Brunt St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Cem Date Dec 3 1934

19. UNDERTAKER (Address) Thos. E. Kelson 1203 Presstman st.

20. FILED Nov 30 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. I last saw h.. alive on Nov 30 Death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
4 Days	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Schuck Coroner, M. D.

(Address) Baltimore

M. D. H. 1268-9

F 07056

F 07056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1331

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 144 S. Highland Ave. St., 7th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. BERTHA AMELIA REYNOLDS

(a) Residence: No. 144 S. Highland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Reynolds

6. DATE OF BIRTH (month, day, year) Feb. 22. 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Gustav Karow

14. BIRTHPLACE (city or town) (State or country) Hanover Germany

MOTHER

15. MAIDEN NAME Laura Bartsch

16. BIRTHPLACE (city or town) (State or country) Leipsig Germany

17. INFORMANT (Address) Mr. John W. Reynolds (Husband) 144 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place 1st Evangelical Cem. Date Dec. 1934

19. UNDERTAKER HENRY SANDER & SONS, INC. H. Sander, Jr.
(Address) Baltimore & Broadway.

DEC 3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 - 34 to Nov 30 - 1934

I last saw h.. alive on Nov 30 - 1934 Death is said to have occurred on the date stated above, at 8.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Hypertrophic Arthritis	Feb 10 34
Chr. Nephritis	
Arteriosclerosis	
Other contributory causes of importance: Myocardial Insufficiency	Nov 1-34
Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. G. Geyer M. D.

(Address) 56 N. Milton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07057

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07057

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 N. Wolfe St., 8-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Life

2. FULL NAME Mrs. MAMIE K. SPOHR

(a) Residence: No. 2004 N. Wolfe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry A. Spohr

6. DATE OF BIRTH (month, day, year) March 11,1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Lechner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Charles Spohr (Son)

(Address) 2004 N. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date Dec4, 1934

19. UNDERTAKER HENRY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.1.1934. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept.17- 1928 to Dec.1- 1934.

I last saw her alive on Nov.30- 1934. Death is said to have occurred on the date stated above, at 10.20 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency -	about 1920

Other contributory causes of importance:

Lobar pneumonia -	Nov.29.'34
Cystic salivary	1925

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Andrew C. Hutchison M. D.

(Address) 1033 N. Calvert St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 07058

F 07058

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2903 Arlington ave St., 27-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Lee Carroll

(a) Residence: No. 2903 Arlington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles B. Carroll

6. DATE OF BIRTH (month, day, year) March 20 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

FATHER

13. NAME Moses Clary

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md

MOTHER

15. MAIDEN NAME Sarah Condon

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md

17. INFORMANT William Carroll
(Address) 2903 Arlington ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery Date Dec 3 1934

19. UNDERTAKER Chas. S. Black
(Address) 742 W. Fayette ave

20. FILED 19 Registrar.

C3-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15 1934 to Dec 1 1934

I last saw h.. alive on Nov 20 1934. Death is said to have occurred on the date stated above, at 12 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	four yrs
Chronic Arthritis	
Other contributory causes of importance:	
Pulmonary edema	3 days

Name of operation — Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M Bannan Woodward M. D.

(Address) 2216 Germain Balto

M. D. B. 1[illegible]-9 F 07059 Samuel S. Nicholson ✓ F 07059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6310 York Rd ~~St.~~ 27-01 Ward)

Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME S. S. Nicholson Sr

(a) Residence: No. 6310 York Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~single~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Janet Nicholson

6. DATE OF BIRTH (month, day, year) July 12th 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
84	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Works

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) New Castle England

FATHER

13. NAME Samuel Nicholson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME McKinnon

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT S. S. Nicholson Jr
(Address) 6310 York Rd

18. BURIAL, CREMATION, or REMOVAL Cemetery
Place Swedesboro N.J. Date Dec 5th 193[illegible]

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2nd, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John Thomson Coroner M. D.

(Address) 1632 Bolton St

M. D. B. 1934 F 07060

Gordy Overlea Hosford F 07060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

153

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 East 30½ St., 9-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Beckwith Bradley

(a) Residence: No. 1917 East 30½ St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced (Husband) of (or) WIFE of: Robert Bradley

6. DATE OF BIRTH (month, day, year): Sept 2-1854

7. AGE: Years 80; Months 8; Days 0; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: David George Beckwith

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Mary Egerton

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Regina Brickwedde 1917 East 30½ St

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date 12/4 1934

19. UNDERTAKER (Address): William Cook 217 St Paul Street

Filed DEC 3 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1934 to Nov 2 1934

I last saw her alive on Oct 1 1934 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Hypostatic Pneumonia	11-28-34
	4
Other contributory causes of importance: Heart Failure	Mar 1-1920

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Gordy, M. D.

(Address) Hosford Rd & Overlea Md

S. D. B. 1949-b

F 07061

F 07061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 73-51 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Harris

(a) Residence: No. 915 Leadenhall St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Harris

6. DATE OF BIRTH (month, day, year) May 22, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Jacks

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Lennie James

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/3/34 19

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1934, to Nov. 29, 1934.

I last saw her alive on 11-29-34, 19 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

Perforation of appendix.

Date of onset

Other contributory causes of importance:

Generalized peritonitis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz M. D.

(Address) c/o Mercy Hospital

M. D. B. 1268-9

F 07062 ✓ F 07062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 27-01 St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rudolph Jones

(a) Residence: No. 13 [illegible] St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Rudolph

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Liza Coogan

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date 12/4 1934

19. UNDERTAKER Isaac H. Brawley
(Address) 1080 W Monument St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 27 1934 to Nov 29 1934

That saw h[illegible] alive on Nov 29 1934 Death is said to have occurred on the date stated above, at 5-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency due to Congestive Failure due to Bronchopneumonia	1½ yr ? 1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Francis, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 07063

F 07063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 2214 Druid Park Drive St. 5-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Allen

(a) Residence: No. 217 W. Spring St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fred Allen

6. DATE OF BIRTH (month, day, year) — 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Fred Allen

(Address) 217 W. Spring St

18. BURIAL, CREMATION OR REMOVAL

Place Greenmount Cemetery Date Dec 4 1934

19. UNDERTAKER Mrs R. A. Elliott & Co

(Address) 1129 N. Caroline St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-29 1934 to 11-30 1934

I last saw her alive on 11-30 1934 Death is said to have occurred on the date stated above, at 9:33 p.m.

The principal cause of death and related causes of importance were as follows:

Pellagra

Date of onset

Other contributory causes of importance:

Rectal Stricture

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?

If [illegible]

(Signed) [signature] M. D.

(Address) Provident Hospital

07084 ✓ F 07064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 519 S. Collington ave St., 1-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Godlewska

(a) Residence: No. 519 S Collington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Godlewski

6. DATE OF BIRTH (month, day, year) Unk. 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Unk.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Jennie Godlewski

(Address) 519 S Collington ave

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date Dec 4 1934

19. UNDERTAKER Fred W Zazewski Eastern ave

(Address) 1930 Huntington Ave (Registered No.)

20. FILED DEC 3 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1934 to Dec 1, 1934

I last saw h W alive on Nov. 30, 1934 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri (Inoperable)	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Slawowski M. D.

(Address) 2529 Eastern ave

✓ F 07065

07065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 East Lynn St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Gullivan

(a) Residence: No. 425 East Lynn St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna H. Gullivan

6. DATE OF BIRTH (month, day, year) Nov. 19, 1893

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Route Boss

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Gullivan

14. BIRTHPLACE (city or town) (State or country) Irelamd

MOTHER

15. MAIDEN NAME Annie Lawless

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Anna H. Gullivan

(Address) 425 East Lynn St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/4/34

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St.

Funeral Director

20. FILED 12-3-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec'br 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-14 1934, to Dec 1 1934

I last saw him alive on Dec 1 1934. Death is said to have occurred on the date stated above, at 5 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	11/16/34
Other contributory causes of importance:	
Chronic Intestinal Nephritis	9/10/34

Name of operation None Date of No

What test confirmed diagnosis Clinical test Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19....

Where did injury occur? No (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel Miller M. D.

(Address) 14 S N Broadway

M. D. B. 1268-9

07066

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07066

CERTIFICATE OF DEATH

12-01

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 Wendover Road St. 12 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Rife Judd

(a) Residence: No. 222 Wendover Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dr. C.C.W.Judd

6. DATE OF BIRTH (month, day, year) Nov. 12.1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Wm.H.Rife

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Jennie McCullough

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT C.E.Rife
(Address) 4504 Springdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 3/1934

19. UNDERTAKER John Metzerott Sons.
(Address) 1900 Eutaw Place

20. FILED Dec 3 1934 Hunter Wise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from — 1918 to Nov 30. 1934

I last saw h.e. alive on Nov 29. 1934. Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (Congestive heart failure)	April 1934
Other contributory causes of importance:	
Bronchial Asthma	1915

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Lawrence F. Hamburger M. D.

(Address) 1207 Eutaw Place

M. D. B. 1268-9

07067 **HEALTH DEPARTMENT—CITY OF BALTIMORE** DR 07067

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Balto - 3rd Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Theadore Rulers

(a) Residence: No. Glyndon Md. St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Curley

6. DATE OF BIRTH (month, day, year) Feb 11, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loan Broker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 645

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mr. William Rulers

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Rose

16. BIRTHPLACE (city or town) (State or country) Ireland or Germany

17. INFORMANT ~~Board of Records~~ S. R. Rulers

(Address) 3306 Oakfield ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 4 1934

19. UNDERTAKER John E. Mitchell & Sons

(Address) 1911 Eutaw Place

20. FILED 1934 Registrar.

~~DR 3-1934~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 4/15/34 1934 to 12/2 1934

I last saw h. alive on 12/2 1934 Death is said to have occurred on the date stated above, at 4:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus Hemicerebellitis & Cholera	

Other contributory causes of importance:

Uremia. 1934

Name of operation Cystotomy Date of 12/2/34

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John W. Carnaby M. D.

(Address) Maryland General Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07068 07068

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH 917 N Milton Ave.

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christina Hillenbrand

(a) Residence: No. 917 N Milton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	widow

5a. If married, widowed, or divorced (or) WIFE of George Hillenbrand

6. DATE OF BIRTH (month, day, year) Jan. 6, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas Seaman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Maria Edell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Caroline Krall

(Address) 917 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 4, 1934

19. UNDERTAKER Richard F. Gurley

(Address) 700 E. Baltimore St.

20. Filed DEC 3 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1934, to Dec. 1, 1934

I last saw h[illegible] alive on Dec. 1, 1934. Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	Nov 28
Other contributory causes of importance: Diabetes, hypertension, atg. myocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) L. C. Schad, M. D.

(Address) 647 N. Kenwood Ave.

F 07069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Crawford

(a) Residence: No. 1378 Woodyear St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Boy

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not given 4/1/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Not given Baltimore

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Elizabeth Crawford

(Address) 1378 Woodyear

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 3 1934

19. UNDERTAKER Peter Williams

(Address) 1535 McCulloh St.

DEC 3 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30-1934

22. I HEREBY CERTIFY, That I attended deceased from 10-16-1934 to 11-30-1934

I last saw him alive on 11-30-1934. Death is said to have occurred on the date stated above, at 12½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	10-12-34
Marasmus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Labor. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Specify) ...

(Signed) Geo McDonald M. D.

(Address) Provident Hosp

F 07070

M. D. P. 1268-9

07070 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5201 Gwynn Oak Ave. 28-01 Ward)

Length of residence in city or town where death occurred 44 yrs. 3 mos. 11 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Rosella Egan

(a) Residence: No. 5201 Gwynn Oak Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James E. Egan

6. DATE OF BIRTH (month, day, year): Aug. 19 1890

7. AGE: Years 44 54 | Months 3 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

13. NAME: Michael McGee

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Nellie Heffner

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. James E. Egan

(Address) 5201 Gwynn Oak Ave.

18. BURIAL, CREMATION, OR REMOVAL: New Cathedral Dec 4 1934

Place ..... Date .....

19. UNDERTAKER: John McGee Sons

(Address) Gwynn Oak Ave

20. FILED DEC 3 - 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov. 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from August 16. 1937 to Nov. 30 1934

I last saw her alive on Nov. 30 1934. Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Carcinoma of Breast with metastasis to pelvic Bones & organs of pelvis.	2 yrs?
Other contributory causes of importance:	
2. Secondary Anemia	8 months

Name of operation: Amputation of Breast Date of: 1933

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Earl Le Roy Chambers M. D.

(Address) 4804 Liberty Hts Ave

M. D. B. 1268-9

Eda Chernia ✓ F-07071

F 07071 HEALTH DEPARTMENT—CITY OF BALTIMORE F-07071

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eda Chernia

(a) Residence: No. 2808 Hilldale ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): Aug 1 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Beauty Doctor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Samuel Chernia

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Blume Voschenes

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Paul Chernia

(Address) 2213 Bryant ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Dec 3 1934

19. UNDERTAKER: Sol Kerman Bro

(Address) 1127 E Baltimore

20. FILED: DEC 3 - 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-2 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-2-34 to 12-2-34. I last saw h.er alive on 12-2 1934. Death is said to have occurred on the date stated above, at 2 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(Malignant hypertension	1928(?)
{Chronic hypertension	
cardio-renal disease	
ending hypertrophy & dilatation	
Cardiac Failure	12-1-34
Other contributory causes of importance:	
Pulmonary edema	12-2-34

Name of operation Resection of adrenal (left) Date of 11-30-34

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel A Weisman, M. D.

(Address) Sinai Hospital

M. D. B 1268-9

F 07072

F 07072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Anita Connelly

(a) Residence: No. 2133 W. Saratoga St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 21-1917.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western High

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Walter W. Connelly

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lillie Kaufmann

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Lillie Connelly
(Address) 2133 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Dec 4 34

19. UNDERTAKER George L. Schwab
(Address) 2101 Eastwood Ave.

20. FILED Dec 4 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at 11 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to perforation of the lung.	Dec. 1 1934

Other contributory causes of importance:

Homicide

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Dec 1 1934

Where did injury occur? Baltimore, Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Bullet wound

Nature of injury Perforation of the chest.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. L. Valentine M. D. Coroner

(Address) 16 South Broadway

B-1934

M. D. H. File No. F-07073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07073

CERTIFICATE OF DEATH

93-003

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Johnson

(a) Residence: No. 774 Dover St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 17-1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs J. Hughes
(Address) 323 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Dec 4, 1934

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder Ste.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h__ alive on ____, 19__ Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	May 1934

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Eugene Feller, M. D.
Coroner

(Address) 2734 Eastern Ave.

M. D. R. 1966

F 07074

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07074

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2407 Puget St. 25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Blocker

(a) Residence: No. 2407 Puget St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Ira Blocker

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Sarah Coulbourne

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ira Blocker

(Address) 2407 Puget St

18. BURIAL, CREMATION, OR REMOVAL Pt Auto Cem Date Dec 3, 1934

19. UNDERTAKER Bernard P. Beemler

(Address) 5 E Dru[illegible] Ave

3 DEC 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/29/1934

22. I HEREBY CERTIFY, That I attended deceased from 5/1/1934 to 11/29/1934

I last saw him alive on 11/28/1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T-B	1931

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 912 Edmondson St

M. D. 12 F 07075

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07075

CERTIFICATE OF DEATH

92-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3436 Hickory Ave 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth C. Lucabaugh

(a) Residence: No. 3436 Hickory Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

3a. If married, widowed or divorced, BUSBAND of (or) WIFE of Peter C. Lucabaugh

6. DATE OF BIRTH (month, day, year) Feb 1, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. old

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John Shaner

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Lyda Minty

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Cora Ford

(Address) 3436 Hickory Ave

18. BURIAL, CREMATION, OR REMOVAL St Peter, Balto Co. Md Date Dec 5, 1934

19. UNDERTAKER Thurowitt & Son

(Address) 3615-17 Edmondson Ave

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Disease	
& Heart	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Harry Hommel Coroner, M. D.

(Address) 3612 Roland Ave

M. D. B. F 07076

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07076

CERTIFICATE OF DEATH

93-001

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2031 Frederick Ave. St. 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Stolzenbach

(a) Residence: No. 2031 Frederick Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annabelle Stolzenbach

6. DATE OF BIRTH (month, day, year) Sept. 11-1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Mgfr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Henry Stolzenbach

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary V. Mackeran

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Annabelle Stolzenbach
(Address) 2031 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Dec. 4- 1934

19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

20. FILED , 19 Registrar.

93-1001

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 1 , 19 34

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,
I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myo-cardal Insufficiency	Dec 1 1934
Other contributory causes of importance: None	

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If specify

(Signed) Jeff L. Valentine M. D. Coroner

(Address) 16 South Broadway

M. D. B. 1268-9

F 07077

HEALTH DEPARTMENT—CITY OF BALTIMORE

07077

CERTIFICATE OF DEATH

Registered No. 174

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 23-A

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Flora Eccelston.(C)

(a) Residence: No. 1021 Peach Alley. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow.

5a. If ~~married, widowed, or divorced~~ (or) WIFE of Matthew Eccleston.(C)

6. DATE OF BIRTH (month, day, year) February 14, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER FATHER

13. NAME West Stanley.(C)

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

15. MAIDEN NAME Bessie Carr.(C)

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

17. INFORMANT Katherine Nichols.(C) sister.
(Address) 1021 Peach Alley.

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Cemetery Date 12/3 ... 19 34

19. UNDERTAKER Walter L. Sawyer
(Address) 1324 W. Baltimore St.

20. Filed 1934 Hudgins & Williams Funeral Directors

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) November 27, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stab wound of the chest by a butcher knife. Homicide.	

Other contributory causes of importance:

Name of operation None. Date of ...
What test confirmed diagnosis? Autopsy & inquest. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 11/25/34
Where did injury occur? Stab wound. 1021 Peach Ct.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place At home.
Manner of injury Stab wound.
Nature of injury Stab wound.

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Steinhardt, M. D.
Coroner
11/30/34 (Address) 1017 E. Charles St.

M. D. F 68 F 07078

F 07078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH

CITY OF BALTIMORE: No. 1776 Sisters of Pov St. 10-01 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lily May Gerhardt

(a) Residence: No. 1200 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Gerhardt

6. DATE OF BIRTH (month, day, year) 22 January 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Evans

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Margaret Hale

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.

(Address) Little Sisters of the Poor 1200 Valley

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec. 4, 1934

19. UNDERTAKER Rita Wiedefeld

(Address) 914 Greenmount Ave

20. FILED 12-3-1934 Huntington Ellicott

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 2 December, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Dec 2, 1934

I last saw her alive on Nov 30, 1934. Death is said to have occurred on the date stated above, at 3.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cer Hemorrhage	2
Other contributory causes of importance:	
Pneumonia	3 Ds.

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Mc Carter, M. D.

(Address) 111 Harford Ave

M. D. P. 1929 F 07079

F 07079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10-91 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Derenberger

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 28 November 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	"	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

FATHER

13. NAME Jacob Derenberger

14. BIRTHPLACE (city or town)
(State or country)

MOTHER

15. MAIDEN NAME Jane Finnegan

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT Sister Stanislaus, Supr.
(Address) Little Sisters of the Poor - 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Dec 2, 1934

19. UNDERTAKER Pius Windfelder
(Address) 914 Fremont Ave

20. FILED Dec 3 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 December, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Dec 3 1934.

I last saw her alive on Nov 30, 1934. Death is said to have occurred on the date stated above, at 6:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?

Other contributory causes of importance:

Asthenia
Arteriosclerosis

Name of operation — Date of —

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. McCarthy, M. D.

(Address) 1114 Hollins

M. D. F. No. F 07080

F 07080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 108

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No.) St., 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Max C. Juran

(a) Residence: No. Houston, Texas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (~~WIFE~~) Ceurl Juran

6. DATE OF BIRTH (month, day, year) Oct 9, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
36	36	2 1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Mr S. Juran

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Blume Fabian

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Ceurl Juran (Address) Houston Texas

18. BURIAL, CREMATION, OR REMOVAL

Place Houston, Texas Date 12-3-34 19

19. UNDERTAKER Jack Levin Inc (Address) 1429 E Baltimore St

20. FILED 12-3-1934 19 11 a.m. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-22, 1934, to 12-3, 1934

I last saw him alive on 12-3, 1934. Death is said to have occurred on the date stated above, at 12 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unresolved pneumonia with lung abscesses (surgical drainage)	2
Post operative pulmonary hemorrhage	12/3/34

Other contributory causes of importance:

Name of operation Exploration of chest, left Date of 11-14-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

M. D. B 12

F 07081

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07081

CERTIFICATE OF DEATH

157-004

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital. St., 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth?...yrs. ...mos. ...ds.

2. FULL NAME Shirley Yearman

(a) Residence: No. 2200 E. Fairmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 28 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel Yearman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Ohanty

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewie

(Address) 1439 E. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Blvd Date 12/4/24, 19

19. UNDERTAKER [illegible] Lumbers

(Address) 1439 E. Balto St.

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2/24, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated, about 9 P.M.

The principal cause of death and related causes of importance were as follows:

Probable cerebral Hemorrhage
Possible congenital
aneurism

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1006 N [illegible] Ave

M. D. B 1268-9

M E 07082

HEALTH DEPARTMENT—CITY OF BALTIMORE

07082

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolte City Hospital 6-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	col.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Dec 3 19 34

19. UNDERTAKER

(Address)

20. FILED 4 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from Unknown, 19..., to ..., 19...

I last saw h... alive on Unknown, 19... Death is said to have occurred on the date stated above, at 11:42 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation None Date of

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 10/27/34

Where did injury occur? 7th & St. Seamans Point
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by an automobile

Nature of injury Walking along the road.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Carey M. D.
Coroner

(Address) 2202 E Madison St

M. D. F 1268-9

F 07083

07083 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 107-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ½ ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Owens

(a) Residence: No. Benedict, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: widower

6. DATE OF BIRTH (month, day, year) 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Wood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 65?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Mr. Owens

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Evelyne Green

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place: Woodlawn, Md Date: Dec 3- 1934

19. UNDERTAKER (Address)

20. FILED [illegible] 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/21, 1934, to 11/23/34, 19..

I last saw him alive on 11/23/34, 19.. Death is said to have occurred on the date stated above, at 11 45 m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia. — Date of onset 11/20/34

Other contributory causes of importance:

Senility.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

NR MORG

M. D. B. 1268-9

F 07084

HEALTH DEPARTMENT—CITY OF BALTIMORE

07084

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. Balto md St. 11-06 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Walker

(a) Residence: No 4 E. Biddle St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Colorado

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records City Hosps.

(Address) Balto City Hosps.

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Dec 3 1934

19. UNDERTAKER

(Address)

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-27- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-15- 1933 to 11-27- 1934

I last saw him alive on 11-27 1934 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Unk

Other contributory causes of importance:

Liver, Carcinoma of Head & Neck Metastasis | Unk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Grant Smith M.D.

(Address) Balto City Hospitals

M. D. F. 1268-9

F 07085

07085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 10-01 (Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leroy Sheppard

(a) Residence: No. 1018 Halford Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) Dec 25, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.W.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburgh

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Annabella ?

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records (Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 3rd 1934

19. UNDERTAKER .....
(Address)

20. FILED 3-1934 .....
Registrar

0898

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1934 to Nov 30, 1934

I last saw him alive on Nov 30, 1934 Death is said to have occurred on the date stated above, at 8:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia Type II	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I P Knight M. D.

(Address) East City Hosp

M. D. P. 1268-9

F 07086

07086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) City Hospital St., 4-61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Bush
(a) Residence: No. 315 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-20-1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop
10. Date deceased last worked at this occupation (month and year) 4-8-34
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Roumania

MOTHER FATHER

13. NAME Jorlin Bush
14. BIRTHPLACE (city or town) (State or country) Roumania
15. MAIDEN NAME Rosina Bush
16. BIRTHPLACE (city or town) (State or country) Roumania

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ of Md Date Dec 3, 1934

19. UNDERTAKER
(Address)

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-8, 1934 to 11-30, 1934
I last saw h[illegible] alive on 11-30, 1934 Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung (Bronchogenic)	Unknown

Other contributory causes of importance:

Name of operation Thoracotomy Date of 10-25-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Samuel H. Good M. D.
(Address) Balto Cath Asylum

M. D. B. 1208-9

F 07087

HEALTH DEPARTMENT—CITY OF BALTIMORE

07087

CERTIFICATE OF DEATH

94-001

Registered No. 24-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 Fernhill Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Wambach

(a) Residence: No. 1305 Richardson St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael Wambach

6. DATE OF BIRTH (month, day, year) Dec. 26, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	II	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Europe

FATHER

13. NAME Frank Ganzer

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Un known

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Max Wambach
(Address) 3904 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 4 1934

19. UNDERTAKER Margaret E. Flynn
(Address) 2107 N. Milton Ave.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1934, to Dec 1, 1934

I last saw h alive on Dec 1, 1934 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Embolism	
(b)	
(c)	

Other contributory causes of importance: Hypertension. Nephritis. Uremia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. E. Heacock M. D.

(Address) 3904 Fernhill Ave

M. D. P. 1268-9

F 07088

HEALTH DEPARTMENT—CITY OF BALTIMORE

07088

CERTIFICATE OF DEATH

1131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Garrison Blvd St. 15-66 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johanna A. Kelly

(a) Residence: No. 3601 Garrison Blvd (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James T Kelly

6. DATE OF BIRTH (month, day, year) — 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Carey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Lyons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James T Kelly

(Address) 3601 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec 4 1934

19. UNDERTAKER Mary no Woodfield

(Address) 501 Ed 22 nd St Huntington W Va

20. FILED Dec 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24th, 1934, to Nov. 30th, 1934.

I last saw h[illegible] alive on Nov 30, 1934. Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3 yrs 2 mo
Other contributory causes of importance:	
Chronic Interstitial Nephritis	5 yrs 2 mo

Name of operation Date of

What test confirmed diagnosis? No. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Hugh Forsythe, M. D.

(Address) 424 E. North Ave

M. D. P. 1268-9

F 07089

HEALTH DEPARTMENT—CITY OF BALTIMORE

07089

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2500 Ashton St., 70-81 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Mary A Schaffer

(a) Residence: No. 2500 Ashton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Schaffer

6. DATE OF BIRTH (month, day, year): Dec 25 1862

7. AGE: Years 71; Months 11; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Mary Gorman

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mary J Nitsch 2500 Ashton st

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem Date 12/4 1934

19. UNDERTAKER (Address): Geo A Farley Lafayette Ave & Eutaw

Filed 12-3-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 - 1934 to Dec 1 - 1934

I last saw her alive on Dec 1 - 1934 Death is said to have occurred on the date stated above, at 7 30 m

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis Endocarditis Chronic Interstitial Nephritis Senility,

Date of onset

Other contributory causes of importance: Pulmonary Oedema.

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert A Nitsch M. D.

(Address) 2151 Wilkens Ave

H. D. B 1268-9 Coroner Zellers 2739 Eastern Ave M F 07090

HEALTH DEPARTMENT—CITY OF BALTIMORE

07090

CERTIFICATE OF DEATH

209

1. PLACE OF DEATH + Taca New Freemont St., A B-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis A. Putens Sr.

(a) Residence: No. 922 Newington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Rose Putens

7. DATE OF BIRTH (month, day, year) July 12th 1873

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1st Natl Bank

10. Date deceased last worked ~~at~~ this occupation (month and year) 1934

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Louis Putens

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis A. Putens Jr

(Address) 922 Newington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 4th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 S Paul St

20. FILED DEC 3 1934 Newington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1st 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by street car	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 11/27 1934

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by st. car

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Zellers Coroner M. D.

(Address) 2739 Eastern Ave

M. D. P. 1268-9

F 07091

7091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4512 Woodlawn Road St., 27-01 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Clara Edith Starr

(a) Residence: No. 4512 Woodlawn Road St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) ---------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Samuel W. Starr

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Katharine H. Norton

16. BIRTHPLACE (city or town) (State or country) -------- New York

17. INFORMANT Miss Elizabeth E. Starr

(Address) 4512 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cemetery Date 12/4 1934

19. UNDERTAKER Henry A. Myers & Son

(Address) 2[illegible] N. Eutaw St.

20. FILED 12-4-1934 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/2 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/3 1934 to 12/2 1934

I last saw her alive on 12/1 1934 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related contributory importance were as follows:

	Duration between onset and death
(a) Angina Pectoris	1 day.
(b)	
(c)	
(d)	

Other contributory causes of importance Chronic Prostatitis 20 yrs.

Name of operation None Date of ---

What test confirmed diagnosis? 11 Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry A. Myers M. D.

(Address) 1 Eutaw Pl City.

H. D. H. 1268-9

F 07092

HEALTH DEPARTMENT—CITY OF BALTIMORE

7092

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 2-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter H. Hammer

(a) Residence: No. 306 S. Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie Hammer

DATE OF BIRTH (month, day, year) Jan. 25-1866

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	10	8 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME John Hammer

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Kunigunda Betz

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Joseph Hammer
(Address) 309 E. 29 Th. St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Dec 4 . 19 34

UNDERTAKER Mr. E. Mulloy Son
(Address) 2384 Jefferson St.

DEC 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 . 19 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E. F. Herzog M. D. M. D.
Coroner

(Address) 1305 N. Patterson Park Ave.

M. D. P. 1268-9

F 07093.

7093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Josephine Rooney

(a) Residence: No. 608 Gutman Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of James Rooney

6. DATE OF BIRTH (month, day, year) May 29-1850

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	84	6	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles R. Conklin

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Henrietta Watts

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Elizabeth Conklin
(Address) 608 Gutman Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date Dec. 5/34 19

19. UNDERTAKER Wm. J. Miller & Son
(Address) 2314 Gilmor St.

20. FILED ... 19 ... Registrar.

264-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1934 to Dec 2 1934

I last saw h[illegible] alive on Dec. 2 1934 Death is said to have occurred on the date stated above, at 4:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11-29-34
Coronary Thrombosis	
Other contributory causes of importance:	
Lacerations of scalp 7 sutures	11-25-34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Nov 25 1934

Where did injury occur? At home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Patient fell down stairs

Nature of injury Fractured L. wrist. Lacerated scalp.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Henry M. Hensen, M. D.

(Address) Union Memorial Hosp.

M. D. 12 F 07094 ✓ F 07094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2250 Brookfield ave St., 43-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Stern

(a) Residence: No. 2250 Brookfield ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Mosis Stern

14. BIRTHPLACE (city or town) (State or country) Russia Ger

MOTHER

15. MAIDEN NAME Sophia Stern

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Cecilia Stern
(Address) 2250 Brookfield ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Washington Blvd Date Dec 4 1934

19. UNDERTAKER J. J. Lerigan & Bro
(Address) 1127 E Balto st

20. FILED DEC 4 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1932 to Dec. 4 1934

I last saw h[illegible] alive on Dec 4 1934 Death is said to have occurred on the date stated above, at 2.37 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast removed	4-1-32
Other contributory causes of importance: Infiltration Lungs	6-1-34

Name of operation Left Breast Date of 4-1-32

What test confirmed diagnosis? Mic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of Injury ✓ 19 ✓

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Glen S. Bishop M. D.

(Address) 12-E-25 a-St.

M. D. B. 12

F 07095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07095

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie Newborn

(a) Residence: No. 1210 E. Balto. St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Late Samuel

7. DATE OF BIRTH (month, day, year) Sept 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Benj. Whitman

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Harnett

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs Jean Baltansky

(Address) 1210 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Rd Date 12/4 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED 12-4-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Dec 3 1934

I last saw her alive on Dec 3 1934 Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	
Hypertension	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur C. Kalnicky M. D.

(Address) Sinai Hosp.

F 07096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07096

CERTIFICATE OF DEATH

122-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 6-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Snyder

(a) Residence: No. 2315 E. Fairmount Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Harry SNyder (SOn)
(Address) 4905 Queensberry Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Date 12/4 1934

19. UNDERTAKER S. Levin Bros
(Address) 1127 Balto St.

FILED 12-4-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sepsis-peritonitis	
Ruptured caecum.	
(low large bowel obstruction	
cause undetermined)	

Other contributory causes of importance:

Name of operation Emergency Cecostomy Date of 12/3/34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
Coroner

(Address) 508 E Mnt

M. D. B. 1-39 F 07097 ✓ F 07097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3824 W. Cold Spring Lane Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettye S. Millhauser

(a) Residence: No. 3824 W. Cold Spring Lane. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Millhauser

6. DATE OF BIRTH (month, day, year) June 17, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Levi Stansberg.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline----------

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. H. Millhauser,
(Address) 3824 Cold Spring Lane.

18. BURIAL, CREMATION, OR REMOVAL
Place Heb. Friendship Date Dec. 4 19 34

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 31 to Dec. 3 19 34

I last saw her alive on Dec. 3 19 34 Death is said to have occurred on the date stated above, at 12.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1931
Other contributory causes of importance:	
Intestinal Obstruction	4 Days

Name of operation None Date of --

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Alfred Ullman, M. D.

(Address) 1712 Eutaw Place.

M. D. H. 1268-B F 07098

F 07098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital Ward 9-01)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Manner

(a) Residence: No. 615 N. Kenwood Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Frank J. Manner

6. DATE OF BIRTH (month, day, year): Oct 28 1881

7. AGE: Years: 52 | Months: 1 | Days: 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Frederick Schultheis

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katherine Mueller

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Frank J. Manner

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Emanuel Cem Date 12/4/34

19. UNDERTAKER: J. Freeman & Son

(Address) 321 S. Broadway

20. FILED 19 Registrar.

204-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 34 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 4.10 P. M.

The principal cause of death and related causes of importance were as follows:

Bronchial Asthma

Emphysema

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner . M. D.

(Address)

M. D. B. 1205 F 07099

F 07099

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 Walnut Ave St. Wayne Heights 26th Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George B. Jr. Fosnot

(a) Residence: No. 604 Walnut Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or WIFE of) A. Katherine Fosnot.

6. DATE OF BIRTH (month, day, year) June 20-1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakville Penna.

FATHER

13. NAME John C. Fosnot.

14. BIRTHPLACE (city or town) (State or country) Oakville Penna.

MOTHER

15. MAIDEN NAME Elizabeth Ferguson

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa.

17. INFORMANT Anna Katherine Fosnot
(Address) 604 Walnut Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date 12/6/ 193[illegible]

19. UNDERTAKER Josiah Eyler
(Address) 1600 W. North Ave

20. FILED [illegible] 1934 ..... 19..... [illegible]
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h[illegible] alive on [illegible] 1934. Death is said to have occurred on the date stated above, at 1-30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

(Address) .....

Spec. 1 10-21—M&S 15-60

F 07100 Gaines ✓ F 07100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

91-001

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1030 W Franklin (ST.) 18-01 (WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa (Hicks) Gaines

(a) RESIDENCE NO. 1030 W. Franklin ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Fmal

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): ~~Married~~ (Widow)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John Hicks

6 DATE OF BIRTH (month, day, and year): 1892

7 AGE: Years 42; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer: none.

9 BIRTHPLACE (city or town) (State or country): Va.

PARENTS

10 NAME OF FATHER: Stephen Gaines

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va.

12 MAIDEN NAME OF MOTHER: Fannie Fane

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va.

14 Informant: Edwards Gaines (Address) 1030 W Franklin St

15 Filed 1-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 11-30-1934

17 I HEREBY CERTIFY, That I attended deceased from 11-24-1934 to 11-30-1934, that I last saw her alive on 11-30-1934, and that death occurred, on the date stated above, at 11 p m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia
Subacute Bacterial Endocarditis.

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary): Nuetral alcoholism

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) M. F. Jackson, M.D.

12/3, 1934 (Address) 600 N Arlington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary Cem

DATE OF BURIAL: Dec 4 1934

20 UNDERTAKER: Howard O Heasley

ADDRESS 818 Druid Hill

D. H. 1268-B

F 07101 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07101

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 10-01 Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. de.

2. FULL NAME Lucille Wilkins

(a) Residence: No. 1327 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	col	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 14/1922

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ebony, Va

13. NAME Frank Wilkins

14. BIRTHPLACE (city or town) (State or country) Norfolk, Va

15. MAIDEN NAME Alice Beasley

16. BIRTHPLACE (city or town) (State or country) Triplett Co., Va

17. INFORMANT Alice Wilkins
(Address) 1327 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Dec 6. 1934

19. UNDERTAKER Wm. Black & Elliott
(Address) 1129 Carolina st

20. FILED 4-1934 Hattie [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .
I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 3.30 p.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart	
Other contributory causes of importance: Diffuse Enteritis with necrosis (cause undetermined)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. H. Beall, M. D.
Coroner
(Address) 508 E Monument

D. H. 1988-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

07102 164-1001 F 07102 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2818 Hamilton Ave St., 27-wd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Edwin Streett, Sr.

(a) Residence: No. 2818 Hamilton Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella V.

DATE OF BIRTH (month, day, year) May 8/1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Lightwarchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) three yr ago

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME David H. Streett

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME ?????? Hamlin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Thomas E. Streett, Jr

(Address) 2818 Hamilton Ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 5th, 1934

UNDERTAKER William J. Hoffman

(Address) 2234 N. Charles St.

FILED DEC 4 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 3 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas asphixiation	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury dec 3/34, 19

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury seated in chair in kitchen

Nature of injury 4 burners on unlighted

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. S. Hagen Coroner, M. D.

(Address) 1026 Linn

✓ F 07103

D. B 1208-9

(07103) 29137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 39 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Brand

(a) Residence: No. 327 Cleveland Ave St., ... Ward. Fairmount- W. Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

DATE OF BIRTH (month, day, year) 11-29-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fairmount, W. Va Date DEC 6 1934

19. UNDERTAKER John C. Mitchell Sons
(Address) Lyric Building Fairmont, W. Va

20. FILED DEC 4 - 1934 Huntington Thackeray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Decemb 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from October, 14th 1934 to December 3rd 1934
I last saw her alive on Deamber 3rd 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	Dec. 3rd '34
Myocardial insufficiency	??

Other contributory causes of importance:

Arterio-Sclerosis	?
Pernicious Anemia	?
Auricular Fibrillation	?

Name of operation Cataract Extract. L.E Date of Oct 25th

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Herbert Eichert M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 07104

F 07104 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S. Albemarle St. St., 3-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

2. FULL NAME Michael Angelo Tanzello

(a) Residence: No. 32 S. Albemarle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Beatrice Cavallo

6. DATE OF BIRTH (month, day, year) Mar. 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor ok

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincent Tanzello

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Tanzello

(Address) 422 N. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 5 19 34

19. UNDERTAKER John J. Mitchell & Sons

(Address) 1240 Eutaw Place

20. FILED DEC 4 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Dec 3 1934

I last saw him alive on Dec 3, 1934. Death is said to have occurred on the date stated above, at 8:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Wolfe M. D.

(Address) 1331 E. North ave

M. D. B 1268-9

07105 HEALTH DEPARTMENT—CITY OF BALTIMORE E 07105

CERTIFICATE OF DEATH

Registered No. 207

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gurney N. Henley

(a) Residence: No. 329 Market St., Camden N. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret W.

7. DATE OF BIRTH (month, day, year) June 12/1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	5	22 18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

13. NAME Samuel A. Henley

14. BIRTHPLACE (city or town) (State or country) N.C.

15. MAIDEN NAME ??? Rush

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Margaret W. Henley

(Address) 329 Market St. Camden N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem. Date Dec 6. 34

19. UNDERTAKER Albert H. Peregoy

(Address) 440 E. North Ave

20. FILED DEC 4 - 1934, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.15 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushing injury of right side of chest	Dec 3/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 3/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Penna R.R. Yards-struck by train

Manner of injury while acting as watchman

Nature of injury near Guilford Ave

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Collins Coroner, M. D.

(Address) 1086 E. North Ave

H. D. B 1268-9

07106

HEALTH DEPARTMENT—CITY OF BALTIMORE

NY ✓

F 07106

205-607

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. 4 ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Walter Hall

(a) Residence: No. Urian Rd. Randallstown St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colo	Sngl

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 7 1902

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	32	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm. Hall

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rosie Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Rosa Hall

(Address) Randallstown

18. BURIAL, CREMATION, OR REMOVAL

Place St Thomas Date 12-4-34

19. UNDERTAKER Bernard P Hemsley

(Address) 818 Druid Hill Ave

DEC 4 - 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., to ..., 19...

I last saw h... alive on Autopsy, 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
following Accidental	
Injury to Shoulder Back	
about 6 wks	
Other contributory causes of importance:	
	Over

Name of operation Nil Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of Injury Nov 15, 1934

Where did Injury occur? Reisterstown (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place Industry

Manner of Injury Struck by Train

Nature of Injury Contusion Muscular

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify James M Fenton

(Signed) Tom E Chase Coroner, M. D.

(Address)

I. B. P. 1268-9

F 07107

F 07107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 72-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St., 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Minnie Rodgers

(a) Residence: No. 528 N. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm H. Rodgers.

7. DATE OF BIRTH (month, day, year) Aug 26, 1891

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George Gettman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rose Winslow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sister in Law, Mrs. Mary R Daughet

(Address) 411 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cem. Date Dec. 5 1934

19. UNDERTAKER George W. Sirkeler

(Address) 1732 E. Eager St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1934, 19.. to Dec 3, 1934, 19..

I last saw her alive on Dec 3, 1934, 19.. Death is said to have occurred on the date stated above, at 12 o'c a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	10-27-34

Other contributory causes of importance:

None

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Attended Case, M. D.

(Address) Church Home and Infirmary

F 07108

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07108

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 20-31 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jino Martinelli

(a) Residence: No. 2534 Boyd Street St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 18-1930.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Masontown
(State or country) West Virginia

13. NAME G. Martinelli

14. BIRTHPLACE (city or town)
(State or country) Italy

15. MAIDEN NAME Angeline Carline

16. BIRTHPLACE (city or town)
(State or country) Italy

17. INFORMANT Joseph Martinelli

(Address) 2534 Boyd St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 5, 1934

19. UNDERTAKER Frederick A. Cole

(Address) 200 W Lombard St

20. FILED .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at 12.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Dec 1 1934

Other contributory causes of importance:

Pulmonary Oedema	over
Convulsions	

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Joh L. Valentine M. D.
Coroner

(Address) 16 South Broadway

F 07109

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07109

107-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 322 N. Mount St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Bagwell

(a) Residence: No. 322 N Mount St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Bagwell

DATE OF BIRTH (month, day, year) 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME James Bagwell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Hester Savage

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sarah Bagwell
(Address) 322 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 12/5 1934

19. UNDERTAKER Frances A. Hemelyt
(Address) 522 W. Biddle St.

(Filed) DEC 4 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1934 to Dec 2 1934

I last saw him alive on Dec 1 1934. Death is said to have occurred on the date stated above, at 12.25A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11/24/34
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Exam Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Louis T. Levy M. D.

(Address) 1844 N. Fort Ave.

D. B. 1268-9

07110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

F 07110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3725 E Lombard St St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mns. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Sears

(a) Residence: No. 3725 E Lombard St St. 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H Sears

DATE OF BIRTH (month, day, year) Jan. 1. 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Arundel Co Maryland

13. NAME Henry White

14. BIRTHPLACE (city or town) (State or country) Arundel Co Ka Maryland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. George Finnerty (daughter)

(Address) 3725. E. Lombard. St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 5 . 1934

19. UNDERTAKER Lilly & Zeiler Sons

(Address) 403 W. Saratoga St

20. FILED DEC 4 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 . 1934 to Dec 2 . 1934

I last saw h er alive on Dec 2 . 1934 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	11/26/34
Other contributory causes of importance:	
Acute Myocarditis	11/2/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12/3/34 (Signed) C. H. B. Titlow M. D.

(Address) 310. S. Highland Ave

D. B. 1263-9

7111

HEALTH DEPARTMENT—CITY OF BALTIMORE

7111

CERTIFICATE OF DEATH

12-1

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 76-81 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Nelson

(a) Residence: No. 4505 LaSalle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Nelson

DATE OF BIRTH (month, day, year) NOV. 29. 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beehlem steel
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Micheal J Nelson

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Alice Nelson (wife)
(Address) 4505 La salle ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date Dec 5 1934

19. UNDERTAKER Lilly Zeiler Inc
(Address) 1532 Druid Hill ave.

FILED 1934 12 5 Nov

C.4 - 1934 Examined by Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1934, to December 2, 1934
I last saw him alive on December 2, 1934. Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Appendicitis	
2. Peritonitis	
3. Paralytic ileus	
4. Toxemia	
Other contributory causes of importance:	

Name of operation Appendectomy Date of 11-25-34
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J M Magruder, M. D.
(Address) ST. JOSEPH'S HOSPITAL

P. B 1268-9

7112 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F-07112

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Blank

(a) Residence: No. 1621 E Eager St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 20 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cecilton Md

13. NAME Geo Blank

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Cath Fitz

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Joseph S Blank
(Address) 1820 N. Dallas St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cem. Date 12/5/34 19

UNDERTAKER R. W. Gregg & Co
(Address) 620 Ashburton St

FILED ... Registrar.

12-5-34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Herzog M.D. M. D.
Coroner

(Address) 132 N Patterson Park Ave

M. D. P. 1203-9

F 07113

7113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

Registered No. 12-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 E. 20th St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harriett D. Cooke

(a) Residence: No. 320 E. 20th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theophilus Cooke

7. DATE OF BIRTH (month, day, year) July 17, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James B. Wheeden

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Jane

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Thomas Ellis

(Address) 320 E. 20th Street

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date Dec. 4, 1934

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. North Ave.

20. FILED ... Registrar

DEC - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1928 to Nov. 30, 1934

I last saw her alive on Nov 28, 1934 Death is said to have occurred on the date stated above, at 11.55 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis (General)	Ambulatory 1 yr Prior
~~Abt 15~~	
Other contributory causes of importance:	
Cerebral Hemorrhage	4/18/30
Cerebral Thrombosis	11/28?/34

Name of operation ... Date of ...

What test confirmed diagnosis? Paralysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Cleveland M. D.

(Address) 222 Weldon Rd

F 07114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07114

CERTIFICATE OF DEATH

148

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 821 W. Lombard St St. 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs Ida Mason,

(a) RESIDENCE NO. 821 W. Lombard St St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 6, 1867

7 AGE: Years 66 67; Months —; Days 26; IF LESS than 1 day ___ hrs. or ___ min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9 BIRTHPLACE (city or town) Balto.
(State or country) Md.

PARENTS

10 NAME OF FATHER Wm H Hartzell

11 BIRTHPLACE OF FATHER (City or town) Baltimore,
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizbeth Longwood

13 BIRTHPLACE OF MOTHER (City or town) Balto.
(State or country) Md.

14 Informant Frank Hartzell
(Address) 821 W Lombard St.

15 Filed — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/2 1934
Dec. 2, 1934.

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Dec 2, 1934.
that I last saw h[illegible] alive on Dec 2, 1934.
and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of Uterus.
(duration) 2 yrs. 6 mos — ds.

CONTRIBUTORY (Secondary) none
(duration) — yrs. — mos. — ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? No Date of —
Was there an autopsy? No
What test confirmed diagnosis? Clinical Findings
(Signed) [illegible], M. D.
12/3/34 19 (Address) 888 W Lombard St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — Date of Burial: Dec. 5, 1934

20 UNDERTAKER: Richard F. Cauley — ADDRESS: 700 E. North ave

Cor. F 07113

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07115

J 92-001

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 1204 Cold Spring St., Forest Park (Ward)

2-FULL NAME Mary Elizabeth McNally.

(a) RESIDENCE NO. 1204 Cold Spring Lane St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: W

5 Single, Married, Widowed or Divorced, (write the word): Married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: John T. McNally

6 DATE OF BIRTH (month, day, and year): May 1, 1868

7 AGE: Years 66 | Months 7 | Days 1 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER: John Thompson.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland.

12 MAIDEN NAME OF MOTHER: Mary Custy

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

14 Informant (Address): John T. McNally 1204 Cold Spring

15 Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 2 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:

Tubercular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Morrissey, M. D.

12/3, 1934 (Address) 7632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cathedral — DATE OF BURIAL: 12/5 1934

20 UNDERTAKER: Herman Lemmon — ADDRESS: 466 Park Ave

D. B. 1268-9

F 07116

HEALTH DEPARTMENT—CITY OF BALTIMORE

7116

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4122 Roland Ave St. 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thombe Benson

(a) Residence; No. 4122 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie B. Benson

DATE OF BIRTH (month, day, year) Aug 10, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John P Benson

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Sarah Gorsuch

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Bessie B. Benson

(Address) 4122 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Loudon Park Date Dec 6, 1934

19. UNDERTAKER Ehrenwerth & Sol

(Address) 3615-17 Chestnut Ave

20. FILED Dec 6 1934 Hamilton for Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934 to Dec 3, 1934

I last saw h alive on Dec 3, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Hemiplegia	Nov 21, 1934
Cerebral hemorrhage	Nov 21, 1934

Other contributory causes of importance: Cardiovascular Renal Disease

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) C. H. Didusch M. D.

(Address) 5504 Hamilton Ave

H. D. P. 1268-9

F 07117

7117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 106-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 Barclay St. 12-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine F. Kelly

(a) Residence: No. 2328 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Housework~~ Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry West Virginia

13. NAME Patrick H Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Feaney

16. BIRTHPLACE (city or town) (State or country) Hagerstown md

17. INFORMANT Mrs Annie H Lyon

(Address) 2328 Barclay St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec 5, 1934

19. UNDERTAKER Mary M Medford

(Address) 501 E 22nd St

20. FILED Dec 7, 1934 Registrar

NRP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934 to Dec 2nd, 1934

I last saw her alive on Dec 1, 1934 Death is said to have occurred on the date stated above, at 9.45 m.

The principal cause of death and related causes of importance were as follows:

Chronic Bronchitis

old age

Date of onset Nov 26 34

Other contributory causes of importance:

Heart failure

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Reginald J. Tovey M. D.

(Address) 4142 North Ave

M. D. B. 1268-9

F 07118

HEALTH DEPARTMENT—CITY OF BALTIMORE

07118

CERTIFICATE OF DEATH

57

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 W. Franklin St. 18-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas B. Gaskins

(a) Residence: No. 1014 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie Gaskins

7. DATE OF BIRTH (month, day, year) 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME of Father Jack Gaskins

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME of Mother Jane (Unknown)

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie Gaskins

(Address) 1014 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date Dec 5, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED Dec 4 1934, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-2-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-1-, 1934 to Dec-2-, 1934

I last saw him alive on Dec 1- 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatism	

(Other contributory causes of importance:) —

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Coleman M. D.

(Address) 1037 N. Eutaw St

M. D. B. 1268-9

F 07119

7119

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

1. PLACE OF DEATH Convent of the Good Shepherd

CITY OF BALTIMORE: (No. Mount & Hollins St.S. 70 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mother Mary of St. Josepha Tower

(a) Residence: No. C. G. S. Calverton Rd. St. Franklin St.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 5, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Superior 065

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: John J. Tower

14. BIRTHPLACE (city or town) (State or country):

MOTHER

15. MAIDEN NAME: Margaret Mallhews

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Sisters of Good Shepherd
(Address) Mount & Hollins Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 12/5 1934

19. UNDERTAKER: John J. Fahey & Sons
(Address) 1318 Light St.

20. FILED ... 19... Registrar.

4-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5/34 1934 to 12/3 1934

I last saw her alive on 12/2 1934 Death is said to have occurred on the date stated above, at 3, 9, m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the descending colon — c.c. St. Metastases to liver	5/1/34
Other contributory causes of importance: Exhaustion — Pulmonary edema	3 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John T. Ward M. D.

(Address) 804 Cathedral St

M. D. B. 1268-9

F 07120

07120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 171

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Sheppard

(a) Residence: No. ... Street, ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Wm Sheppard

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housedutes

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Andrew Lowry

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Dec 6, 1934

19. UNDERTAKER Jacob Stein & Bro
(Address) Baltimore

20. FILED 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1934 to 12-4, 1934

I last saw h.e.r alive on 12-4, 1934. Death is said to have occurred on the date stated above, at 1.22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis	

Other contributory causes of importance:

Generalized peritonitis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Philip A. Dudley, M. D.

(Address) Md. Gen. Hosp.

Cor.—12-9-25—A Co.—200 Bks.

MF 07121

07121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 210-001

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. West Baltimore General Hospital St. 15-01 Ward)

2-FULL NAME Henrietta E. Menkert

(a) RESIDENCE NO. 2224 Mt. Holly St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Struck by auto 12/2/34 while walking across Hilton Ave at Mt Holly St.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of August R. Menkert

DATE OF BIRTH (month, day, and year) March 5, 1879

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	55	8	28 27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

10 NAME OF FATHER Martin Schneider

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany

12 MAIDEN NAME OF MOTHER Henrietta (Unknown)

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md.

(State or country)

14 Informant Mr. William Schneider

(Address) 2224 Mt. Holly St.

15 Filed Dec. 5 1934 Registrar

1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 2, 1934 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry find that said deceased came to her death (Inquest, autopsy or inquiry.) on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. ds.

(Signed) Joseph P. Carney M. D.
(Coroner)

12/4, 1934 (Address) 2200 E. Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cemetery Date of Burial Dec. 5 1934

20 UNDERTAKER Robt H. Cook ADDRESS 1003 West Baltimore St.

H. D. P. 1268-9

F 07122

7122

HEALTH DEPARTMENT—CITY OF BALTIMORE

176

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St. 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr Thomas Wood (Philip Thomas Wood)

(a) Residence: No. 2 S. Gallow St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertie Wood

DATE OF BIRTH (month, day, year) April 27, 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1 years

11. Total time (years) spent in this occupation 57 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Mr. Wood

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr William Wood - Son (Address) Reisterstown Md

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date Dec. 4 1934

19. UNDERTAKER Joseph H Cook (Address) 1605 E. Baltimore St.

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-3-34

22. I HEREBY CERTIFY, That I attended deceased from 11-7-34, 19 , to 12-3-34, 19

I last saw him alive on 12-3-34, 19 Death is said to have occurred on the date stated above, at 1 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1½ yrs
Perforation of Carcinoma	11/29
Peritonitis	11/30
Aspiration Pneumonia	12/1

Other contributory causes of importance:

Name of operation Closure of Perforation Date of

What test confirmed diagnosis? " Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Norbeck M. D.

(Address) St Agnes Hosp

M. D. B 1268-9

7123

HEALTH DEPARTMENT—CITY OF BALTIMORE

A 07123

CERTIFICATE OF DEATH

124-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Gorsuch Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 39 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida M Reilly

(a) Residence: No. 1305 Gorsuch Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J Reilly

6. DATE OF BIRTH (month, day, year) Oct 7th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None wife. (37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va.

FATHER

13. NAME William Weaver

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucie Bright

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs Fred Smith

(Address) 1802 N Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date 12/5, 1934

19. UNDERTAKER E. J. Fanning & Son

(Address) 1929 E. Lafayette Ave.

20. FILED ... 19... ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th 1934 to Dec 2 1934

I last saw h[illegible] alive on Dec 2 1934 Death is said to have occurred on the date stated above, at 2.22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Cirrhosis of Liver	2

Other contributory causes of importance:

Name of operation Laparotomy - Drainage Date of 11/27/34

What test confirmed diagnosis? Microscopic & Postmortem Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 2211 Eutaw Pl

D. B. 1268-9

F 07124

07124 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 34

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 632 Smithson St., (or) 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Shirley V. Tilghman

(a) Residence: No. 632 Smithson St., Ward. 0

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Oct 24 1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Elmer Tilghman

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Laura Lee Scott

16. BIRTHPLACE (city or town) (State or country): Lancaster Va.

INFORMANT: Elmer Tilghman

(Address): 632 Smithson

BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Cem Date: Dec 6 34

UNDERTAKER: Charles H Burkett

(Address): 5-25 Laurent st

FILED: Dec 7 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Congenital Syphilis — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H Leuk M. D. Coroner

(Address) Baltimore

1934 RFH

07125

STATE OF MARYLAND—CERTIFICATE OF DEATH

F 07125

15-097-001

1. PLACE OF DEATH

County Baltimore

Village or City Baltimore

Registration Dist. No.

No. 3221 W. Garrison ave Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James J. Lambert

(a) Residence: No. 3221 W. Garrison ave St. Ward. 16 years

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of Alice Lambert

6. DATE OF BIRTH (month, day, and year) Oct 16-1848

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER

12. BIRTHPLACE (city or town) (State or country) New Windsor Md.

FATHER

13. NAME Jessie Lambert

14. BIRTHPLACE (city or town) (State or country) New Windsor Md.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) New Windsor Md.

17. INFORMANT (Address) Alice Lambert. Baltimore, 3221 W. Garrison ave

18. BURIAL, CREMATION, OR REMOVAL Place Pipe Creek Cem. Date Dec 6 1934

19. UNDERTAKER (Address) D. D. Hartless New Windsor Md.

DEC - 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 4th 1934

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 1 1934 to Dec 4 1934

I last saw him alive on Dec 4 1934, death is said to have occurred on the date stated above, at 3.11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
	?

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John D. Bubert M. D.

(Address) 1803 Eutaw Pl. Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 07126

F 07126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1216 Warner St. 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marguerite C. Smith

(a) Residence: No. 1216 Warner St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Wm J. Smith

DATE OF BIRTH (month, day, year): Aug. 23-1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	20 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 827

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME of father: John J. Cunningham

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME of mother: Mary Logan

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mr. Wm. J. Smith

(Address) 1216 Warner St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: Dec. 34

19. UNDERTAKER: Margaret E. Flynn

(Address) 1427 Eutaw St.

FILED: 12-3-1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 3- 34

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1934 to Dec. 3, 1934.

I last saw her alive on Dec. 3 1934 Death is said to have occurred on the date stated above, at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	Nov. 22, 1934.
Other contributory causes of importance:	

Name of operation: no Date of: --

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

12/3/34 (Address) 1224-1226 Hanover St.

10-10-19 F 07127 F 07127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH
y of Baltimore: (No. 317 Park Ave St., 11-01 Ward)

2-FULL NAME Florence E. Lenes

(a) RESIDENCE NO. 317 Park Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 Sex	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Unknown 1864

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
0	80	—	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Virginia

10 NAME OF FATHER Henry Lenes

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Va

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

Informant Mrs. Florence E. Hood
(Address) 3206 Resnick Road

Filed 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14th 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:
Asphyxiation Gas
Accident
(duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Leaps - Rubber tube which got turn on stove lighted
(duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) James M Fenton M. D.

12/14. 1934 (Address) 700 E Chase.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Dec 6 1934
20 UNDERTAKER Chas. C. Grauer Son	ADDRESS 11 W. Mt. Royal Ave

Filed 1934

F 07128 ✓ F 07128

HEALTH DEPARTMENT—CITY OF BALTIMORE

25

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1309 W. Mulberry ST., 19-W WARD)

2—FULL NAME Marjorie Roberts.

(a) RESIDENCE NO. 1309 W. Mulberry ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of School age

DATE OF BIRTH (month, day, and year) 12-16-1917

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	16	11	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER John Roberts

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Marie Thompson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lincoln Pa.

Informant Marie Roberts

(Address) 1309 W. Mulberry St.

Filed 12-10-1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 2, 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov 5, 1934, to Dec 2, 1934, that I last saw h[illegible] alive on Dec 2, 1934 and that death occurred, on the date stated above, at 9 A. m.

The CAUSE OF DEATH* was as follows:

Tuberculous Peritonitis

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) R. J. Young, M. D.

19 (Address) 1424 E. Monument St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Calvary	12-5-1934
20 UNDERTAKER Chas G. Bopp	ADDRESS 514 N Calhoun St

F 07129

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07129

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16th Ward) Baltimore

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 8 mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorenza Thornton

(a) Residence: No. 717 N. Bruce St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) April 24 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lucy A Buckingham

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Christine Thornton

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Christine Thornton

(Address) 717 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 6th 1934

19. UNDERTAKER Lemuel Easton

(Address) 914 Penna Ave

20. FILED 19 Registrar.

Dr. Eugene Boyd, 1100 Cathedral St

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 . 1934 to Dec. 3, 1934. 19

I last saw her alive on Dec 3 19 34 Death is said to have occurred on the date stated above, at 11:15 P.m.

The principal cause of death and related causes of importance were as follows:

Infectious diarrhea — Date of onset 12 19 34

Toxemia

Other contributory causes of importance:

Terminal pneumonia - left lung

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) L. E. Burgdorf Jr. M. D.

(Address) University Hospital

D. B. 1268-9

F 07130

Kadlec

F 07130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Wilkins 49 St. 26-01 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Kadlec

(a) Residence: No. 2207 Wilkins 49 St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Mary Kadlec

6. DATE OF BIRTH (month, day, year): Jan 13 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cabinet Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): America

13. NAME OF FATHER: J. F. Kadlec

14. BIRTHPLACE (city or town) (State or country): America

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): America

INFORMANT: Mary Kadlec

(Address): 2207 Wilkins 49

BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Dec 5-34

UNDERTAKER: F. B. Keppert & Son

(Address): 1300 Eutaw Place

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 2. 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, 7.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	
December 2	34
Other contributory causes of importance:	
Arteriosclerosis	2.

Name of operation: Surgery Date of operation: December 2. 34

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Monroe

D. B 1268-8

F 07131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07131

CERTIFICATE OF DEATH

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 607 Walnut Ave St., Ward)

Length of residence in city or town where death occurred 22 yrs. ds. How long in U. S. If of foreign birth) yrs. mos. ds.

2. FULL NAME Aubrey C. Fillen (Adopted)

(a) Residence: No. 607 Walnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 15 1916

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
27	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago Ill

13. NAME OF FATHER John Beck

14. BIRTHPLACE (city or town) (State or country) Chicago Ill

15. MAIDEN NAME OF MOTHER Mary Fillen

16. BIRTHPLACE (city or town) (State or country) Chicago Ill

17. INFORMANT Margaret Fillen

(Address) 607 Walnut

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 12/5/34

19. UNDERTAKER Blaney & Wolfe Co.

(Address) 4101 Edmondson Ave.

FILED Dec 12 1934 Hampton Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19....

I last saw h... alive on ..... 19 34 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Pistol wound of brain	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) state also the following: Accident, suicide, homicide? Suicide Date of injury Dec 3 1934

Where did injury occur 607 Walnut Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Pistol wound

Nature of injury Pistol wound of brain

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) M. Finch M. D. Coroner

(Address) Coroner

—10-10-29—A Co.—100 Bks.

F 07132

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07132

CERTIFICATE OF DEATH

181

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Maron Memorial Hospital St., 12 Ward)

2-FULL NAME Carter Denson

(a) RESIDENCE NO. 108-E-32nd St., Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M.	W	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Dula Denson

DATE OF BIRTH (month, day, and year) June 10, 1878

AGE	Years	Months	Days	IF LESS than 1 day... hrs. or min.
	54	5	24	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Concrete Contractor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

BIRTHPLACE (city or town) Maryland
(State or country)

10 NAME OF FATHER James Denson

11 BIRTHPLACE OF FATHER (city or town) Maryland
(State or country)

12 MAIDEN NAME OF MOTHER Sallie Street

13 BIRTHPLACE OF MOTHER (city or town) Maryland
(State or country)

Informant Mrs. Dula Denson
(Address) 108-E-32nd St

Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-14- 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH was as follows:

Lobar Pneumonia 12-7-34

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) 243-Degree burns of Lower Extremities 12-12-34

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? accidental

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) John H. Mossman, M. D.

12/14 1934 (Address) 3632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon M.E. Cemetery Catonsville Md.

DATE OF BURIAL 12/16/34

20 UNDERTAKER Henry H. Wilson

ADDRESS 4101 Edmondson Ave

F 07133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07133

CERTIFICATE OF DEATH

82-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Cook

(a) Residence: No. 223 S. Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. (dead)

DATE OF BIRTH (month, day, year) Jan. 5, 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME of Father Conrad

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME of Mother Sarah

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Records Balt. City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Dec. 7, 1934

19. UNDERTAKER Harry H. Weitzler

(Address) 4101 E Edmondson Ave

20. FILED Dec 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1934 to Dec 7, 1934

I last saw her alive on Dec 7, 1934 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3½ hrs
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Pragid, M. D.

(Address) Balt City Hosp

07134 F 07134

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 N. Bond St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Stevens

(a) Residence: No. 517 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 4/1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4 1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) Dec 1/34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME George W. Stevens

14. BIRTHPLACE (city or town) (State or country) Northampton Co, Va

15. MAIDEN NAME Henrietta Gibson

16. BIRTHPLACE (city or town) (State or country) Easton, Md.

INFORMANT Mrs. Booker (Sister)
(Address) 517 N. Bond

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 5 1934

UNDERTAKER Robert F. Williams
(Address) 1515 McElderry St

FILED Dec 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 1.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure due to probable bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Paul Coroner, M. D.

(Address) 1105 E Pratt

F 07135

93136 07135

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 6-61 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Blanche Wilson

(a) Residence: No. 1541 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1-13-94

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	10	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 ?
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

12. NAME Luther Louis

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Williams

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Dec 5 1934

UNDERTAKER Robt. T. Williams
(Address) 1515 N Eutaw St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1934 to Dec 3 1934

I last saw her alive on Dec 3 1934 Death is said to have occurred on the date stated above, at 12 30 ~~A~~ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1933
arteriosclerosis	1933

Other contributory causes of importance:

Syphilis	15 yrs
Bronchopneumonia duet	1 day

Name of operation none Date of .....

What test confirmed diagnosis? X-ray - Path Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Gupta Surgeon ..... M. D.

(Address) Johns Hopkins Hospital

D. H. 1268-A

F 07136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07136

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 501 N Stricker St. (Ward) 19-01

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josie Pegram

(a) Residence: No. 501 N Stricker St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Pegram

DATE OF BIRTH (month, day, year) May 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family 037

10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 11

BIRTHPLACE (city or town) (State or country) Greensboro N.C.

13. NAME Lewis Potts

14. BIRTHPLACE (city or town) (State or country) Caswell Co N.C.

15. MAIDEN NAME Sarah Lewis

16. BIRTHPLACE (city or town) (State or country) Greensboro N.C.

INFORMANT Walter Pegram

(Address) 501 N Stricker St

BURIAL, CREMATION, OR REMOVAL

Place Mt Kenny VA Date Dec 5th 1934

UNDERTAKER E. Clay Wilson

(Address) 1100 E Fayette St

FILED ... 19... Registrar.

Dec 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1934 to Dec 3 1934

I last saw her alive on Dec 3 1934 Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Pneumonia	Nov 29 1934
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Kaplan M. D.

(Address) 1100 E Fayette St

D. B. 1265 F 07137 ✓ 4711 F 07137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2939 Walbrook Ave St., 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Feldman.

(a) Residence: No. 2939 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Goldberg
(Address) 2939 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Carmel Date 12/3/37 19

19. UNDERTAKER Jos. Levine
(Address) 1439 E Baltimore St

FILED 12/3/37 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/3/37 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 19 37 to Dec 4 19 37

I last saw her alive on Dec 2-1937 9:30 p.m. Death is said to have occurred on the date stated above, at p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral Hemorrhage	4 days
Arteriosclerosis	[illegible]
Myocarditis	2 days
Edema of Lungs	2 days

Other contributory causes of importance:

Acute Chronic Myocarditis	4 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 1269 F 07138 Dr Seidl ✓ F 07138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3815 Norfolk Ave St., 15-91 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary F. Poor

(a) Residence: No. 3815 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 627

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Selamet Hoffman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mr Hoffman
(Address)

BURIAL, CREMATION, OR REMOVAL Date 12/5/34 19
(Place) Loudon Memory Park

UNDERTAKER Jos Lewis Inc
(Address) 1439 E Baltimore St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/4/34 19

22. I HEREBY CERTIFY, That I attended deceased from Sept-14-1934 to Dec-4- 1934
I last saw her alive on Dec-4- 1934 Death is said to have occurred on the date stated above, at 5:15 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung - of apparently primary

Date of onset D.K. probably about 4/34

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

D. B. 1268 F 07139 ✓ F 07139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Edmondson St., 16-01 Ward)

Length of residence in city or town where death occurred 35 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H Ridgely

(a) Residence: No. 816 Edmondson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	M

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 23 - 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Edwin Ridgely

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Victoria Collins

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Victoria Ridgely

(Address) 816 Edmondson

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 1934

UNDERTAKER Wm H. Chase Sons

(Address) 638 N. Gilmor

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 1 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Dec 2 1934

I last saw him alive on Dec 2 1934 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.	1933

Other contributory causes of importance:

Name of operation Lobectomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Lowry M. D.

(Address) 1107 N. Eutaw

D. B. 1265

F 07140

F 07140

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3409 Reisterstown Rd (Ward) 5th

(If not in city or town where death occurred, give length of residence in city or town) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Bulotta

(a) Residence: No. 3409 Reisterstown Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 15 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto

13. NAME Frank Bulotta

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Concetta Filiberto

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Frank Bulotta

(Address) 3409 Reisterstown Rd

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 7 . 1934

UNDERTAKER Martin W. C. Diffel

(Address) 728 Cator Ave

FILED . 19 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 . 1934 to Dec. 4 . 1934

I last saw h alive on Dec 4 . 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor (?)	May 1934
Other contributory causes of importance: (Cerebral) Coma Pneumonia due to complete blocking of Cerebro spinal fluid -	a few hours

Name of operation None Date of clinical

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philibert Artigiani M. D.

(Address) 2942 Fayette St.

F 07141

F 07141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO. 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 Maude Ave., Brooklyn, WARD)

2-FULL NAME Inez A. Brown

(a) RESIDENCE NO. 401 Maude Ave., Brooklyn, WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
fem	white	married

6 If married, widowed, or divorced HUSBAND of or) WIFE of Warren C. Brown

DATE OF BIRTH (month, day, and year) Feb. 23, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	11 10	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housewife 037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer - - - -

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

10 NAME OF FATHER S. A. Kirkwood

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Sara V. Daneker

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant (Address) Warren C. Brown, 401 Maude Avenue

Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 3, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug. 8, 1933 to Dec. 3, 1934.

that I last saw her alive on Dec. 2, 1934.

and that death occurred, on the date stated above, at 7 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) 1 yrs. 3 mos 25 ds.

CONTRIBUTORY (Secondary) Diabetes

(duration) since Aug. 1932 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at place of death

Did an operation precede death? no Date of - - -

Was there an autopsy? no

What test confirmed diagnosis? sputum, urine, & f.

(Signed) Harry Deibel M. D.

12/4, 1934 (Address) 1224-1226 Hanover St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Greenmount Cemetery

DATE OF BURIAL 12/5 1934

20 UNDERTAKER J. L. Staley Son

ADDRESS 1318 E. 20th St.

D. P. F 07142

F 07142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Baltimore City Hospitals — (Ward) 18-04 — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ...

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jose Finder

(a) Residence: No. 1061 W Lexington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Separated

If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Sept 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	3 ?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 637

10. Date deceased last worked at this occupation (month and year) ? — 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 9, 1934

UNDERTAKER Mrs. Katie R. Williams

(Address) 3 2 N. Schroeder St.

FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1934 to Dec 4, 1934

I last saw h— alive on Dec 4, 1934 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Duration
Uremia Extra medullary Tumor Sacral Thoracic Vertebrae	6 yrs
	Acute
Other contributory causes of importance: Hypertension Arteriosclerosis	? ?

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lionel N. Cox M. D.

(Address) Balto City Hospitals

Van Der Kracata ✓ E 07143

D. P. 1268-3 63 07143

9244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Med. + 72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 20 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Henrietta Vandekragata

(a) Residence: No. Glenburnie Md. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Nick (same)

DATE OF BIRTH (month, day, year) Mar. 2, 1890

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	9		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Canada

13. NAME OF FATHER Gordon Bayden

14. BIRTHPLACE (city or town) (State or country) Canada

15. MAIDEN NAME OF MOTHER Louise Spicer

16. BIRTHPLACE (city or town) (State or country) Canada

INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 5 19 34

UNDERTAKER John T Denny
(Address) 715 Light St

FILED Dec 5 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 2 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 19 34 to Dec. 2 19 34

I last saw her alive on Dec. 2 19 34 Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myeloid Leukemia	1929?
Other contributory causes of importance:	
Anemia	1929?
Terminal bronchopneumonia	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henrietta Susan Cooke M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268 F 07144 ✓ F 07144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 31 Poultney St. 23-61 Ward)

Length of residence in city or town where death occurred 80 yrs. 7 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah R Gehrens

(a) Residence: No. 31 Poultney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry G Gehrens

7. DATE OF BIRTH (month, day, year) 4-27-1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frederick Meyers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret D Neuman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT George Gehrens

(Address) 31 Poultney

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 8 1934

19. UNDERTAKER John F Dennis

(Address) 715 Light St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-4- 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1934 to Dec 4 1934

I last saw h[illegible] alive on Dec 3 1934 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	several years
Other contributory causes of importance:	
Pneumonia	2 wks

Name of operation ✓ Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) G. H. Benston M. D.

(Address) 301 East Cross St

D. B. 1345

7145

F 07145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., 23-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Lewis

(a) Residence: No. 931 S. Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) February 18. 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) (?) Va

17. INFORMANT B. C. H. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Erion Date Dec 5 1934

19. UNDERTAKER Geo. A. Lucas
(Address) 1409 N. Mount Street

20. FILED [illegible] 19 [illegible] Registrar.

DEC 5 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1934 to 11 30, 1934

I last saw him alive on 11-30, 1934 Death is said to have occurred on the date stated above, at 1 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	(?)
Other contributory causes of importance: Myocardial Failure	3 days

Name of operation Gastroenterostomy Date of 11-24-34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel J. Ford M. D.

(Address) Balto. City Hospitals

F 07146

(A. D. R. 1938)

07146

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 Glyndon St. 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robt Lee Burden

(a) Residence: No. 1300 Glyndon ave. St. ..... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) June 23 - 1904

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME Samuel L Burden

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Helen Shiplett

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Samuel L Burden

(Address) 1300 Glyndon ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/6, 1934

19. UNDERTAKER Edw Foulkes

(Address) West Mkt

20. FILED 12-5-1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934 to Dec 5 1934

I last saw h~~im~~er alive on Dec 5, 1934 Death is said to have occurred on the date stated above, at 4.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	Dec 4th
Meningocele	

Other contributory causes of importance:

Name of operation Clinical Findings Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Louis J. Pflaum M. D.

(Address) 1112 Washington Blvd.

D. B. 1268-0

07147 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 07147

CERTIFICATE OF DEATH

x 117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., Ward

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Carrigan (WILLIAM HARVEY CARRIGAN)

(a) Residence: No. Melanchton Ave. Lutherville St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Jean Munnikhuysen

DATE OF BIRTH (month, day, year) Nov. 4, 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Optometrist 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1 mo. ago. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

13. NAME Clarence Carrigan

14. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

15. MAIDEN NAME Anna Foreman

16. BIRTHPLACE (city or town) (State or country) Lancaster Pa.

17. INFORMANT Dept. records.
(Address)

BURIAL, CREMATION, OR REMOVAL
Lorraine Cemetery Dec. 8 1934
Place Date

18. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

FILED DEC 5 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1934 to Dec 4 1934

I last saw him alive on Dec 4 1934 Death is said to have occurred on the date stated above, at 6:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peptic Ulcer (duodenal?)	1927
Hemorrhage	Dec 1 34
Acute dilatation of heart	Dec 4

Other contributory causes of importance:

Hypertrophic Cirrhosis of liver	1929

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

07148 E 07148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 51

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S. Fulton Ave. St., 19-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Calvin Morningstar

(a) Residence: No. 32 S. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Miriam Henrietta Morningstar

DATE OF BIRTH (month, day, year) August 10, 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Cream

10. Date deceased last worked at this occupation (month and year) 10 years ago

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Morningstar

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Dr. Frank L. Smith
(Address) Chestertown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Stone Chapel, Pikesville Date Dec. 6 1934

19. UNDERTAKER Speed & Cook
(Address) 1503 W. Baltimore St.

FILED Dec. 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/41 1934, to 12/4/34 19..

I last saw h... alive on 12/4/34 19.. Death is said to have occurred on the date stated above, at 3 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1
Other contributory causes of importance:	

Name of operation Confirmed by Dr. Woods Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard Fenz M. D.

(Address) 910 E. Lombard St.

D. B. 1268-9

07149 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

VF 07149

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 47-01 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Brown

(a) Residence: No. 928 Aiggs St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Nov 15, 1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Friends
(Address) East City Hosp

BURIAL, CREMATION, OR REMOVAL
Place W Lawn Date 12/7 34

UNDERTAKER Lionel Easton
(Address) 116 Penna Ave

FILED DEC 5 - 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 1. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29. 1934 to Dec 1. 1934

I last saw her alive on Dec 1. 1934. Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, arteriosclerotic (chronic	3 Yrs?
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Pinsoff M. D.

(Address) East City Hosp

D. B. 1938 F 07150

F 07150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 11-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Osterman

(a) Residence: No. 601 N Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

If married, widowed, or divorced BUSBAND of (or) WIFE of Mother (dead)

DATE OF BIRTH (month, day, year) July 2, 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hosp

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Records

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12-6-37

UNDERTAKER Wm Cole

(Address) 1245 E Fort Ave

FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1937, to Dec. 2, 1937

I last saw h[illegible] alive on Dec 2, 1937. Death is said to have occurred on the date stated above, at 4:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency	6 mo?

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I P Magill, M. D.

(Address) Balt City Hosp

F 07151

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07151

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE (No. Pronounced Dead at Home Mercy Hospital St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Walkling

(a) Residence: No. 500 Northern Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word) Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~former wife of~~ Katherine E. Walkling

6. DATE OF BIRTH (month, day, year) Jan 23rd 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Abell Co

10. Date deceased last worked at this occupation (month and year) Nov 24

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Westminster Md

13. NAME Frederick H. Walkling

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary K. Mace

(Address) 500 Northern Parkway

BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 6th 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3rd 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Valvular Disease of Heart — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) John H. Mongan M. D.
Coroner

(Address) 3632 Roland Ave

F 07152

D. D. F 07152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3424 Park Heights Ave. Ward) 15-01

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carolina F. Schneider

(a) Residence: No. 3424 Park Heights Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 22. 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	10 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Louis Schneider

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Alvina Voigt

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Mrs. Voigt

(Address) 3424 Park Heights Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 6 1934

UNDERTAKER M. Mrs. J. W. Zufelt & Son

(Address) 501 W. Fayette St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1934 to Dec 3 1934

I last saw h[illegible] alive on Dec 3 1934 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

Asphyxia & Renal Coma
Epilepsy

Date of onset

Other contributory causes of importance:

Cirrh. of Liver 20th Myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

no ... If so, specify ...

(Signed) O. O. Carman M. D.

(Address) 1702 N. Caroline St

D. H. 4268-9

F 07153

HEALTH DEPARTMENT—CITY OF BALTIMORE

07153

CERTIFICATE OF DEATH

✓131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St. 12-01 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Alice Simon - Martin

(a) Residence: No. 2732 Oak St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Henry Martin

7. DATE OF BIRTH (month, day, year) Nov. 17, 1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Hugo Simon

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Agnes Dreyfoos

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 12/6, 1934

UNDERTAKER Harry G. Davis & Son
(Address) 2110 E. Pratt St.

FILED 1934 Thos. J. Fisher & Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 4, 1934 to December 4, 1934
I last saw h[illegible] alive on Dec. 4, 1934 Death is said to have occurred on the date stated above, at 12½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal disease - Arteriosclerosis	
Cardiac dilatation	12-4-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edward Elliott Proctor M. D.

(Address) 1111 Mt. Vern. Bldg.

F 07154

B. B. 1[illegible]

F 07154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 ✓

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. 13-01 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Levin

(a) Residence: No. 2907 Parkwood ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 29/83

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Sendel Levin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Doris Gross.

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sendel Levin

(Address) 2907 Parkwood ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Int Corp Date Dec 5, 1934

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E Balto St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1934, to December 5, 1934

I last saw her alive on December 5, 1934. Death is said to have occurred on the date stated above, at 4:45 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia, Type I	
Empyema, Type I	
Bilateral otitis media	
Abscesses of brain (?)	

Other contributory causes of importance:

Name of operation Thoracotomy Date of Nov. 29, 1934

What test confirmed diagnosis? Clinically Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

D. H. 1268-9

Shoul

F 07155

HEALTH DEPARTMENT—CITY OF BALTIMORE

7155

24

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 7:01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Regina Shoul

(a) Residence: No. 4716 Alhambra Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 3, 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	8 9	2 9 1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Catumpe Md

13. NAME W Russell Shoul

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Delarige Holtze

16. BIRTHPLACE (city or town) (State or country) Carroll County Md

INFORMANT W Russell Shoul

(Address) 4716 Alhambra Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Dec 7 19

UNDERTAKER J Vernon Reehmer

(Address) 1532 Baltimore

FILED 19

Registrar.

1934

AP 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1934 to Dec 4 1934

I last saw her alive on Dec 4 1934 Death is said to have occurred on the date stated above, at 7:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard Abramowitz M. D.

(Address)

D. B. 1268-9

F 07156

07156

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital 9-64 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Yingling

(a) Residence: No. 2201 Violet Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman A Yingling

DATE OF BIRTH (month, day, year) Sept. 1 - 1867

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	67.	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Henry Lang.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Doelinger

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Herman A. Yingling

(Address) 2201 Violet Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Dec 8 1934

UNDERTAKER Josiah Dyer Sons

(Address) 1600 W. Lafayette Ave

FILED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-21- 1934 to 12 - 4 1934

I last saw h alive on 12 - 4 1934 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	2
and Intestines	5

Other contributory causes of importance:

Name of operation Hysterectomy Date Nov 28

What test confirmed diagnosis Path Examination

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. J. Comey M. D.

(Address) Vol. Hospital

D. B. 1268-9

F 07157

07157 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Gibbons Ave St. 27-61 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Doerfler

(a) Residence: No. 2815 Gibbons Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Doerfler

6. DATE OF BIRTH (month, day, year) April 22 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheelwright

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Martin Doerfler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Peter J. Doerfler

(Address) 2815 Gibbons Ave

BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem. Date Dec. 6, 1934

UNDERTAKER Lemmert J. Keck

(Address) 5305 Harford Rd.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1934 to Dec 3, 1934

I last saw him alive on Dec 2, 1934 Death is said to have occurred on the date stated above, at 3.05 p. m.

The principal cause of death and related causes of importance were as follows:

Rt Hemiplegia (Cerebral Hemorrhage) — Date of onset Nov 28

Other contributory causes of importance: Arteria Sclerosis — Date of onset a Number 7 years

Name of operation None Date of -

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas B. Green M. D.

(Address) Harford Rd. & Evergreen City

D. F 1264 F 97158 FD 177158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 176

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen. Hosp St. 11-Ch Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Luther M B. Williams

(a) Residence: No. Free land, Md St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 19-1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) Sept. 1927

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Co Md.

13. NAME Luther M Williams.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Ann Allison

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Sarah M. Hammond

(Address) 313 E. Joppa Road Towson Md

BURIAL, CREMATION, OR REMOVAL

Place Freeland Balto Md Date Dec 8, 1934

UNDERTAKER Paul H. Harbeitstein

(Address) New Freedom Pa.

FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 5 - 34

22. I HEREBY CERTIFY, That I attended deceased from 11-24-34, 19... to 12-5-34, 19...

I last saw him alive on 12-5-34, 19... Death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Obstruction of Intestines	11-24-34
Other contributory causes of importance: Myocardial Failure, Acute Cardiac Collapse	12-5-34

Name of operation Cholecystotomy Date of 11-27-34

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W. P. Stephens M. D.

(Address) Md Gen Hosp

For 10-10-28 Ac 100 Bks.

F 07159

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07159

CERTIFICATE OF DEATH

82-001

1-PLACE OF DEATH

City of Baltimore: (No.) 3202 Guilford ave St., 12-21 Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Joseph A. Jackowick

(a) RESIDENCE NO. 3202 Guilford ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 Color or Race: white

5 Single, Married, Widowed or Divorced, (write the word): married

6a If married, widowed, or divorced BUSBAND of (or) WIFE of: Hilda Jackowicke

6 DATE OF BIRTH (month, day, and year): Sept 13, 1895

7 AGE: Years 39 | Months 2 | Days 21 | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Instructer - Science
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Baltimore Polytechnic Inst

9 BIRTHPLACE (city or town)
(State or country): Pennsylvania

10 NAME OF FATHER: Anthony Jackowick

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Unknown

14 Informant: Mrs. Hilda Jackowick
(Address): 3202 Guilford Ave.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12-4- 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Edward Mowbray, M. D.

12/5, 1934 (Address) 3622 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mishoppen, Pennsylvania

DATE OF BURIAL: Dec. 6, 1934

20 UNDERTAKER: E. Leroy Stoffler, Inc.

ADDRESS: 125 E. North ave

F 07160

D. B. 1268-9

F 07160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 224 N Fatterson St. Lon Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary T. Trager

(a) Residence: No. 1224 N Patterson St. Lon Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of John C Trager

6. DATE OF BIRTH (month, day, year) June 16 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Struver

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hohmann

16. BIRTHPLACE (city or town) (State or country) Hanover

17. INFORMANT Emma Trager

(Address) 224 N. Patterson Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/7 1934

19. UNDERTAKER W M Cole & Son

(Address) 1219 E Fayette St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Dec 4 1934

I last saw h alive on Dec 4 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	Yrs

Other contributory causes of importance:

Chronic Int Nephritis — Arterio Sclerosis. Myocarditis

Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1 N. Patterson Park Ave

D. B. No. F 07161

F 07161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Herbert Jefferson

(a) Residence: No. 723 W. Mulberry St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) May 11-1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Lonie Jefferson

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Elizabeth McGill

16. BIRTHPLACE (city or town) (State or country) S. C.

INFORMANT Mrs L. Jefferson

(Address) 723 W. Mulberry St.

BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date Dec 7 1934

UNDERTAKER Joseph A. Lowly

(Address) 1610 N. Monroe St

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3- 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Tillett M. D. Coroner

(Address) 2734 Eastern Ave.

B 1268-9

F 07162 ✓ F 07162

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Michael Banko

(a) Residence: No. 731 S. Bond St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of 2

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	70			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Poland

10. NAME Unknown

10. BIRTHPLACE (city or town) (State or country) Poland

11. MAIDEN NAME Unknown

11. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Dacy Head Date 12/6 34

UNDERTAKER J. J. Staley Son

(Address) 1318 Light St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Probable Accidental	
Other contributory causes of importance:	
Alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Unknown, 19 ..

Where did injury occur? 731 S. Bond
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Herzog M.D. Coroner

(Address) 1305 N. Patterson Park Ave M. D.

F 07163

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07163

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4901 Harford Ave St., 27-21 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eleanora V. Richards

(a) Residence: No. 4901 Harford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 21/1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Edward Richards

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Rebecca Read

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mary A. Smith (sister)

(Address) 4901 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Friends Burial Ground Dec 7th, 1934

19. UNDERTAKER Geo. Schilling & Sons

(Address) Aisquith & Monument Sts

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 9.15 a.m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance:	
General Sclerosis	???
(Senile Progressive)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Hamm, M. D.
Coroner

(Address) 501 E North Ave

D. P. 1276 F 07164

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07164

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH — Casualty Hospital

CITY OF BALTIMORE: (No. West Balto Gen Hosp 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Semmont

(a) Residence: No. Born at above place. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Parents live 3203 Strickland Ave.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 12-5-34 2:30 A.M.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	0	18 hrs.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Clifton Semmont

BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Augusta Tieman

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Clifton N. Semmont

(Address) 1728 Spence St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec 6 . 1934

UNDERTAKER Mr. & Mrs. John N. Teufel & Son

(Address) 501 N. Fayette St.

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5-34

22. I HEREBY CERTIFY, That I attended deceased from 12-5-34 . 19 . to 12-5-34 . 19

I last saw him alive on 12-5-34 . 19 34 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity.

Date of onset

Other contributory causes of importance:

Mother had Pyelitis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Fenn . M. D.

(Address) West Balto Gen Hosp

F 07165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07165

CERTIFICATE OF DEATH

186-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Agnes Hospital St. 10-01 Ward)

gth of residence in city or town where death occurred ? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Theodore Draude

(a) Residence: No. 1200 Valley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sophie Benys

ATE OF BIRTH (month, day, year) Oct. 1-1849

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Draude

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Rule

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Sister Stanislas, Sup.

(Address) 1200 Valley St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 6, 19

UNDERTAKER Wm. Wiedefeld

(Address) 914 Eutaw Place

FILED Dec 6 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on Inquiry 19 ..... Death is said to have occurred on the date stated above, at 11.15 m. A.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperstatic Pneumonia	Dec 2 1934
Other contributory causes of importance:	
Fracture of the right hip	Nov 15
Accident	

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury? Nov 15, 1934

Where did injury occur? Baltimore, Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down steps

Nature of injury Fractured right hip

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Jos. L. Valentine M. D.
Coroner

(Address) 16 South Broadway

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07166

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Y OF BALTIMORE: (No. ... St. 16-01 Ward)

th of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Vernon Liggins

(a) Residence: No. 6/0 N. Mount St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Black	

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) April 5-33

E Years	Months	Days	If LESS than 1 day, hrs. or min.
1	7	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md —

. NAME Thomas Liggins

. BIRTHPLACE (city or town) (State or country) Md

. MAIDEN NAME Helen Jackson

. BIRTHPLACE (city or town) (State or country) Md —

NFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Nov 6th 1934

NDERTAKER A. Jones

(Address) 111 S. Gilmor, st

EC 6 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 . 1934 to Dec-4 . 1934

I last saw him alive on Dec-4 . 1934 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis	11-15-34
Pulmonary tuberculosis	11-25-34
Tuberculous meningitis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Francis D Schweyer, M. D.

(Address) Johns Hopkins Hospital

D. H. 1248-9

07167 HEALTH DEPARTMENT—CITY OF BALTIMORE 07167

114-002

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 23-81 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Birdella Banks

(a) Residence: No. 903 Plum Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 9, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07 6

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME James Banks

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Annie ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date Dec 6 ... 1934

19. UNDERTAKER ...
(Address) ...

DEC 6 - 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 27, 1934 to December 3, 1934
I last saw her alive on December 3, 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	June 1933
Empyema	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify ...

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

D. H. 1268-9

07168 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 07168

CERTIFICATE OF DEATH

9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Leadenhall St., ~~22~~ 21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ethel Elizabeth Moore

(a) Residence: No. 809 Leadenhall St., 22 Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Child

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) May 19, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Clarence Moore

14. BIRTHPLACE (city or town) (State or country) N C

15. MAIDEN NAME Ethel Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ethel Wilson

(Address) 809 Leadenhall St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Ct Date 12-7-34

19. UNDERTAKER Isaiah L Divver & Son

(Address) 1018 Montgomery St

20. FILED 1934 [illegible] Registrar

DEC 6 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5/1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1934, to Dec 4, 1934

I last saw he alive on Dec 4, 1934. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
following Measles	
Whooping Cough	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

169 F 07169

CERTIFICATE OF DEATH

82-001 Registered No.

1. PLACE OF DEATH West Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Harper & Dukeland St., 9-01 Ward)

Length of residence in city or town where death occurred, 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Abraham Gershowitz (GERSHOWITZ)

(a) Residence: No. 1432 N. Eden St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lena.

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Lena Gershowitz (wife)

(Address) 1432 N. Eden St

BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 12-7- 34

UNDERTAKER Jack Lewis, Inc.

(Address) 200 Eutaw Place

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 28, 1934, to December 6, 1934.

I last saw him alive on December 6, 1934. Death is said to have occurred on the date stated above, at 6:00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Cerebral Hemorrhage	11/25/34
Other contributory causes of importance:	
1 Senile Pneumonia	11/30/34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Leon Ackerman M. D.

(Address) West Baltimore Gen Hosp

F. C. 1924

D. B. 1268-9

07170 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07170

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 N. Ellwood Ave St., 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Stromer Kuczinski

(a) Residence: No. 413 N Ellwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Kuczinski

DATE OF BIRTH (month, day, year) Sept. 28 1

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Stromer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Franz

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Henry Kuczinski

(Address) 413 N Ellwood Ave

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Dec 10 1934

UNDERTAKER Geo M. Zurik & Son

(Address) 811 N Wolfe St

FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1934 to Dec 5 1934

I last saw her alive on Dec 5 1934. Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	3 mos
Contributory Influenza	1 wk

Name of operation None Date of —

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas A. Keer M. D.

(Address) 4 Orchard Court

D. B. 1268-9

F 07171

07171 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 4-01 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick White

(a) Residence: No. 192 Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
66			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records, Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ? Date 12/6 34

19. UNDERTAKER J. J. Fahey Sons
(Address) 1318 Eutaw St

DEC 6 - 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1934 to Dec 3, 1934

I last saw him alive on Dec 3, 1934 Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Pharmd ..... M. D.

(Address) Balt City Hosp

F 07172

D. F. 1934 No. 07172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 351-61 Ward)

Length of residence in city or town where death occurred [illegible] mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Harris

(a) Residence: No. 206 Woodlawn Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John Harris

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Charity

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Reeds
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec 6 1934

UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

Dec 7 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7 1934

22. I HEREBY CERTIFY, That I attended deceased from November 20 1934 to December 7 1934

I last saw her alive on December 7 1934 Death is said to have occurred on the date stated above, at 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of thyroid & metastasis of abdomen	? ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt. City Hosp.

B 1684 7173

✓ F 07173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH University Hospital

Y OF BALTIMORE: (No.) ..... St. 13-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Pearline Anthony

(a) Residence: No. 1507 N. Bruce St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
...ale	Black	married

... married, widowed, or divorced
HUSBAND of (or) WIFE of Horace Anthony

TE OF BIRTH (month, day, year) 1906

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

Date deceased last worked at this occupation (month and year) 12-3-34

11. Total time (years) spent in this occupation 10 yrs

IRTHPLACE (city or town) (State or country) Halifax Co North Carolina

. NAME Joseph Green

. BIRTHPLACE (city or town) (State or country) N C.

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) " "

NFORMANT Horace Anthony

(Address) 1507 N. Mount St

URIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemty Date Dec 6 1934

NDERTAKER Thomas E. Kelson

(Address) 1302 Pennsylvania Ave

ILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1934, to December 3, 1934

I last saw her alive on December 3, 1934 Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Separation Placenta.	12-3-34
Ante partum hemorrhage	12-3-34
Postoperative shock.	

Other contributory causes of importance:

Name of operation Class. Cesarean Section Date of 12-3-34

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. E. Savage, M. D.

(Address) Univ. Hosp.

D. B. 1268-9

✓ F 07174

07174 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 1367 N. Calhoun St.

CITY OF BALTIMORE: (No. Balto Co. Ward) Life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Bundick

(a) Residence: No. 1367 N. Calhoun Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Barnett Bundick

6. DATE OF BIRTH (month, day, year) Nov 11 1880

7. AGE: Years 54 | Months — | Days — | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME of father: Eger Poulson

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME of mother: Julia Ann Smith

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Fred. E. Bundick

(Address) 1367 N. Calhoun

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date Dec 7 1934

19. UNDERTAKER: Thos. E. Kelson

(Address) 1303 Pressman St.

FILED Dec 6 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5. 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-1-34 19 . to 12-4-34.

I last saw her alive on 12-4-34 Death is said to have occurred on the date stated above, at 11:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Nephritis	?
Myocarditis	
Acute Cardiac Dilatation	

Other contributory causes of importance:

General Debility

Name of operation No Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No. 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Boyer Kerr, M. D.

(Address) 1512 N. Gilmor St.

07175 ✓ F 07175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1521 N. Collington ave St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Martin

(a) Residence: No. 1521 N. Collington ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of William J. W. Martin

6. DATE OF BIRTH (month, day, year) March 22 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edward Latham

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Amanda M. Hopkins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md,

INFORMANT Mrs. Emma M. Snyder.

(Address) 1521 N. Collington Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Am. Date Dec. 7 . 1934

UNDERTAKER George W. Zibley

(Address) 1737 E. Eager St.

FILED . 19 Registrar

DEC 8 1934

DEC 9 - 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 34 to Dec 4 34

I last saw h alive on Dec 4 1934 Death is said to have occurred on the date stated above, at 1.45 p. m.

The principal cause of death and related causes of (mischance were as follows:

Arteriosclerosis
Hypostasis

Date of onset
1 yr
(5) 4

Other contributory causes of importance:

Acute Dilatation

1 dy

Name of operation Autopsy Date of 20

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

176 ✓ F 07176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor 90-91 St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Josephine Doyle

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 30, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
84	"			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 656

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Washington, D. C.
(State or country)

13. NAME Michael Doyle

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Ellen Fagen

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Sister Stanislaus, Superior
(Address) 1200 - Valley Street, City

BURIAL, CREMATION, OR REMOVAL
Mount Olivet Cemetery Date Dec. 7, 1934

UNDERTAKER Henry Heath Sons, Inc
(Address) 301 E. Eager St.

DEC 6 1934 Hattie Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 December, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Dec 5, 1934

I last saw her alive on Nov 30, 1934. Death is said to have occurred on the date stated above, at 4:45a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	?

Other contributory causes of importance:

Arteriosclerosis	?
Asthma	?

Name of operation None Date of None

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. J. McCarthy, M. D.

(Address) 111 Hamilton Ave

F 07177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1931 Penrose Ave St. 20-01 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret E. Little.

(a) Residence: No. 1931 Penrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ephraim N. Little

DATE OF BIRTH (month, day, year) Aug 14 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Howard County Md

13. NAME Moses G. Bolton

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME R. Davis

16. BIRTHPLACE (city or town) (State or country) Howard County Md

INFORMANT Ephraim N. Little

(Address) 1931 Penrose Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/1/34 19

UNDERTAKER John Henry Long Co

(Address) 221 S Greene St

FILED 19 Registrar.

12-6-1934 Health Director Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1934 to 12/4 1934

I last saw h e alive on Dec 4 1934 Death is said to have occurred on the date stated above, at 12 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bronchitis & Bronchial Asthma	1923
Other contributory causes of importance: Hypertrophic Arthritis	1926

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Cohn M. D.

(Address) 2145 N Balto St

B 1268-9

F 07178

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07178

CERTIFICATE OF DEATH

93-003

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Fait Ave. St., 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louisa Foreman

(a) Residence: No. 3315 Fait Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of David Foreman

DATE OF BIRTH (month, day, year) ? /1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Micheal Adams

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Margaret Schorr

BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Frank Rebell

(Address) 616 S. Fagley St.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec. 7 1934

UNDERTAKER Lilly & Zeiler Inc.

(Address) 403 S. Wolfe St.

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5/34 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 5309 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Heart Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B B Herzog M D Coroner, M. D.

(Address) 1305 N Fulton Ave

F 07179

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07179

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 14-01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Fanny Wilson

(a) Residence: No. 1406 Argyle Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	W.

married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year)

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
9	79			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Unknown
(State or country)

. NAME Unknown

. BIRTHPLACE (city or town) Unknown
(State or country)

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) Unknown
(State or country)

FORMANT .....
(Address)

URIAL, CREMATION, OR REMOVAL

Place Laurel Ky. Date 12/6 . 1934

NDERTAKER .....
(Address)

ILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D P Herring M.D. Coroner

(Address) 1305 N Bellevue Ave

TO MORGUE

F 07180

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07180

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Jail St. 10-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Benet Wright

(a) Residence: No. None (Tramp) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	unknown

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) unknown

E Years	Months	Days	If LESS than 1 day, hrs. or min.
a 45			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Va

NAME unknown Wright

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) unknown

NFORMANT

(Address)

URIAL, CREMATION, OR REMOVAL

Place Montrose Hill Date 12/6 19 32

NDERTAKER

(Address)

ILED 12- 19 32 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 2 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	2 d

(Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

nd If so, specify

(Signed) James M. Fenlon Coroner, M. D.

(Address) 700 E Chase

over

D. B. 1263-9

F 07181

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07181

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1215 Cathedral St., 11-01 Ward)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 70 4 28

2. FULL NAME Harry Lee Stewart

(a) Residence: No. 1215 Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) July-7-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME John D. Elwood

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

15. MAIDEN NAME Mary E. Griffith

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Misses Cassidy (nieces)

(Address) 1215 Cathedral

18. BURIAL, CREMATION, OR REMOVAL.

Place Ken Cathedral Date Dec. 8, 1934

19. UNDERTAKER Sturm Mowen Co.

(Address) 108 W. North Ave.

20. FILED Dec 10 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1934, to 12/5, 1934

I last saw him, alive on Dec 3, 1934. Death is said to have occurred on the date stated above, at 1:20 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Chronic myocardial insufficiency

Date of onset: 7 Years

Other contributory causes of importance:

Coronary Sclerosis
Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Peter T. Mahoney, M. D.

(Address) 804 Cathedral St.

B 1268-9

F 02182

HEALTH DEPARTMENT—CITY OF BALTIMORE

182

CERTIFICATE OF DEATH

164-001

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 2400 Montebello Ave St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frederick J. Kimes

(a) Residence: No. 2400 Montebello Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Nettie

TE OF BIRTH (month, day, year) Aug 6/1878

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	55	4	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocerman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. self

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Pittsburg, Pa.

. NAME Clinton Kimes

. BIRTHPLACE (city or town) (State or country) Pittsburg, Pa

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country)

FORMANT Mattie Kimes (wife)

(Address) 2400 Montebello Ave

URIAL, CREMATION, OR REMOVAL Date 12/9 1934

Place Jarrettsville Md

NDERTAKER Howard H. Blight Jr

(Address) 1418 N. Gay St

Hampton Valley Rec'd for

BLR 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

Gas poisoning — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or, homicide suicide Date of injury Dec. 5/34

Where did injury occur? Baltimore, Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in bedroom of home

Manner of injury Wall bracket cut off

Nature of injury had be n turned on.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Price M. D.

Coroner

(Address) 708 E Monument

D. B. 1268-9

E 02183

HEALTH DEPARTMENT—CITY OF BALTIMORE

7183

CERTIFICATE OF DEATH

23

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ~~James~~ 35 Frederick St., 14-01 Ward)

gth of residence in city or town where death occurred ... yrs. mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James Smith

(a) Residence: No. 35 Frederick St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single?

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Interment Md Date 12/6 19 14

UNDERTAKER
(Address)

FILED ... 19 ... Registrar.

0906

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 30 1914

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw h... alive on June 4 19 ... Death is said to have occurred on the date stated above, at 7 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis about 1 yr	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M Fenton, M. D.
Coroner
(Address) City

B 1268-9

F 07184

181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1085

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 W. Biddle St. 11-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Morris Miller

(a) Residence: No. 424 W. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cantonsville Md

NAME

BIRTHPLACE (city or town) (State or country) Mississippi

MAIDEN NAME

BIRTHPLACE (city or town) (State or country) Mississippi

INFORMANT Mamie Bradford

(Address) 424 W. Biddle

BURIAL, CREMATION, OR REMOVAL

Place Dunbar Md Date 12/6 1934

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.....

to ..... 19..... I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 Days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Funk M. D.

(Address) Bronxville

TO THE MORGUE

B 1268-9

E 02185

HEALTH DEPARTMENT—CITY OF BALTIMORE

7185

CERTIFICATE OF DEATH

93-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Enroute to City Hospital Ward) 1-01

th of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Anna Burris

(a) Residence: No. 908 S. Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Richard Burris

TE OF BIRTH (month, day, year) 9-1867

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
7	67	4		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto City Md

. NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Richard Burris

(Address) 908 N. Belnord ave

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 12/8/ 1934

NDERTAKER Mrs Chas H. Bailey

(Address) 1421 Patterson Pk

LED 12-8-34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Dist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Kleinow M.D. Coroner M. D.

(Address) 1305 N Patterson Pk

F 07186

B 1858-9 F 07186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

PLACE OF DEATH
Y OF BALTIMORE: (No. W. Balto Hosp St., 24-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Chas D. Dorsey

(a) Residence: No. 1284 Battery Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
ale	White	Married

married, widowed, or divorced) Lillian Dorsey
HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) Feb 14 1900

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	9	21	

Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Fireman 3rd
Industry or establishment in which employed, as cotton mill, saw mill, bank, etc. the Depot
Date deceased last worked at this occupation (month and year) Balto City.
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

NAME Jer W. Dorsey

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Therese Magdalena Bauhaus

BIRTHPLACE (city or town) (State or country) Baltimore Md

FORMANT Lillian Dorsey
(Address) 1284 Battery Ave

URIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 12/10/34 19

NDERTAKER Dill Bros
(Address) 1318 E. Fayette St.

LED 12-10 1934 Thos. J. Fitzpatrick Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Clark Coroner, M. D.

(Address) Coroner

F 07187

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07187

CERTIFICATE OF DEATH

346

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 16-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME JOHN A. TODD. WARFIELD

(a) Residence: No. 920 FRANKLINTOWN RD. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Feb 20-1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. BOOKKEEPER.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 008

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co Md

13. NAME OF FATHER John Trotter Todd

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Isabella Stewart

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT William Judefind

(Address) 4017 Woodhaven Ave

BURIAL, CREMATION, OR REMOVAL Dec 1934

(Place) Green-Lookingwell

UNDERTAKER Wm J. Fuchs & Sons

(Address) 1 E Lanvale

FILED ..... 19..... Registrar.

C-1334

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-26 1934 to 12-5 1934

I last saw h.M alive on 12-5 1934 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF OESOPHAGUS	
Other contributory causes of importance:	

Name of operation GASTROSTOMY Date of 11 30 34

BIOPSY

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Howard Stackhouse Jr M. D.

(Address) University Hosp.

D. D. 1265-9

E 02188

HEALTH DEPARTMENT—CITY OF BALTIMORE

2188

CERTIFICATE OF DEATH

✓ 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 10-06 (Ward)

Length of residence in city or town where death occurred 5yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Hill

(a) Residence: No. 809 Asquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Sing

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not given

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

13. NAME Thomas Hill

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Lillian Jones

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Lillie Hill (Mother)
(Address) Same

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date 12-6 1934

19. UNDERTAKER Wm. H. Wright & Son
(Address) 1300 E. Eager St

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-5- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1-34, 19 to 12-5- 1934.

I last saw her alive on 12-5- 1934. Death is said to have occurred on the date stated above, at 2 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis (Origin undetermined)	11-28-34

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation — Date of —

What test confirmed diagnosis? Lot Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo McDonald M. D.
(Address) Provident Hosp.

P 1268-9

F 07189

7189 HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Union Memorial Hospital - 33rd & Calvert St. 27-6 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Girl Hulland -

(a) Residence: No. Mr. Mem. Hosp. 3118 Gordon Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	wh	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Dec 3 '34

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
11. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Balt. Md.
(State or country)

13. NAME Charles Walter Hulland

14. BIRTHPLACE (city or town) Balt. Md.
(State or country)

15. MAIDEN NAME Margaret Cecilia Thompson

16. BIRTHPLACE (city or town) Balt. Md.
(State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date Dec 6 . 1934

UNDERTAKER
(Address)

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4th . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 . 1934, to Dec 4 . 1934.
I last saw h.s alive on Dec 4 . 1934. Death is said to have occurred on the date stated above, at 9.0 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Landon Timberlake . M. D.

(Address) Mr. Mem. Hosp.

D. P. 1265-9

F 07190

190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3127 Sequoia ave St., 15-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 2 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry C. Ullrich

(a) Residence: No. 3127 Sequoia ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Lettberg Ullrich

DATE OF BIRTH (month, day, year) Sept 26 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metropolitan Life Insurance

10. Date deceased last worked at this occupation (month and year) retired 4 years

11. Total time (years) spent in this occupation 37 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Ullrich

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs Amelia Koll

(Address) 4024 14th St N.W. Washington D.C.

BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date Dec 8 1934

UNDERTAKER Mrs Albert E. Butler

(Address) 4806 Harford ave

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1934 to Dec 5 1934

I last saw h[illegible] alive on Dec 4 1934 Death is said to have occurred on the date stated above, at 1-20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthmatic edema of lungs	
edema of extremities	Duration 4 days

Other contributory causes of importance:

Myocardial insufficiency	Nov 30

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2416 Garrison Blvd

D. B. 1268-9

F 07191

191 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

48

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2410 Chelsea Terrace St., 15-41 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie L. Pick

(a) Residence: No. 2410 Chelsea Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 24, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hecht Bros.

10. Date deceased last worked at this occupation (month and year) October 1, 1934

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Adolph Pick

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Ida M. Ritter

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Alma Orwig

(Address) 2410 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery Date Dec. 7 1934

19. UNDERTAKER Joseph H. Cook

(Address) 1003 E. Baltimore St.

1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1934, 19 to Dec 4, 1934

I last saw h. er alive on Dec 4, 1934 Death is said to have occurred on the date stated above, at 5.55P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	
Other contributory causes of importance:	
generalized Carcinomatosis	over

Name of operation Hysterectomy Date of 4/X-34

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dale P. Clemson, M. D.

(Address) 1123 St. Paul St.

D. B. 1268-9

F 07192

HEALTH DEPARTMENT—CITY OF BALTIMORE

7192

CERTIFICATE OF DEATH

× 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3d Gen Hosp

CITY OF BALTIMORE: (No. Linden & Mad St., 11-61 Ward)

Length of residence in city or town where death occurred yrs. 20 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Payne - Strawbridge

(a) Residence: No. Fawn Grove Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of May 10, 1873

DATE OF BIRTH (month, day, year) May 10, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph Strawbridge

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Morris

16. BIRTHPLACE (city or town) (State or country) Penna.

INFORMANT Hosp. Records.
(Address) Md. Gen Hosp

BURIAL, CREMATION, OR REMOVAL

Place New Cork Pa Date Dec 9 19 34

UNDERTAKER Howard Wolf
(Address) Fawn Grove Pa

FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-16 1934 to 12-6 1934

I last saw h.. alive on 12-6 1934 Death is said to have occurred on the date stated above, at 3:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Pyloric end of the Stomach	
Other contributory causes of importance: Metastasis to Liver	

Name of operation Exploratory Laparotomy Date of 11 18 34

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. C. Proctor M. D.

(Address) Md Gen Hospital

D. P. 1268-9

F 07193

7193 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2331 Bryant Ave 43-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Moses Kaufman

(a) Residence: No. 2331 Bryant Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Kaufman

6. DATE OF BIRTH (month, day, year) Nov 19 1868

7. AGE: Years 66 Months — Days 17 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Henry Kaufman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie Rothschild

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Eva Kaufman

(Address) 2331 Bryant Ave

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew Cem. Nov 7 1934

19. UNDERTAKER J. Abrahams & Bro.

(Address) 1433 E. Baltimore St.

20. FILED Nov 8 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/6, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to Dec. 6 a.m., 1934

I saw him alive on Dec. 6 a.m., 1934 Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 5/15/34

Chronic myocarditis — 1934

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2310 Eutaw Pl.

B 1762-9

07194

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07194

CERTIFICATE OF DEATH

X 13-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St., 7-01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John W. Fairall, Jr.

(a) Residence: No. 914 Montgomery Ave., Laurel Md Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian C.

TE OF BIRTH (month, day, year) July 1/1898

E Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
36	5	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wash. Navy Yard

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Laurel, Md.

NAME John W. Fairall

BIRTHPLACE (city or town) (State or country) Laurel, Md.

MAIDEN NAME Cora E. Beall

BIRTHPLACE (city or town) (State or country) Frederick Co., Md.

FORMANT (Address) John W Fairall, Sr. Laurel, Md.

RIAL, CREMATION, OR REMOVAL Date Dec 8 19 34

Laurel Md

NDERTAKER (Address) Lloyd Bauser Laurel Md

LED 12-7-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 .....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Vasomotor Collapse	
Other contributory causes of importance: Acute Dysentery (Type (Type undetermined)	2 mons

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. H. Wagner M. D. Coroner

(Address) 508 6 North Ave

D. H. 4-3684 F 07195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 N Carey St 15-01 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Dorsey

(a) Residence: No. 1512 N Carey St., Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of James Roy Dorsey

6. DATE OF BIRTH (month, day, year) July 23 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	4	12 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles Co. (State or country) Md.

13. NAME OF FATHER Harris Lee

14. BIRTHPLACE (city or town) Charles Co (State or country) Md.

15. MAIDEN NAME OF MOTHER Alice Edwards

16. BIRTHPLACE (city or town) Charles Co (State or country) Md

17. INFORMANT James Roy Dorsey

(Address) 1512 N Carey St

18. BURIAL OR CREMATION APPROVAL

Place Charles Co. Md. Date 12/7 1934

19. UNDERTAKER Frances A. Wemsley

(Address) 578 W. Biddle St.

20. FILED Dec 11 1934 Huntington Jones, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 12 1934 to Dec 4 1934

I last saw h.. alive on Dec 4 1934 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset ? Sept 2 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. William Frey, M. D.

(Address) 708 Penna Ave

B 1268-C F 07196 ✓ F 07196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

73

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 17-01 Ward)

th of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles A Lewis

(a) Residence: No. 17 E Hare St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

married, widowed, or divorced HUSBAND of (or) WIFE of —

TE OF BIRTH (month, day, year) Oct 1895

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	1		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Frd (State or country) Md.

. NAME Charles Lewis

. BIRTHPLACE (city or town) (State or country)

. MAIDEN NAME Anne Colton

. BIRTHPLACE (city or town) Md (State or country)

FORMANT Wm A Lewis

(Address) 17 E Hare

URIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 12/7, 1934

NDERTAKER Francis A. Hemsley

(Address) 528 W. Biddle St.

ILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) F. P. Stevenson M. D.

(Address) 1305 N Patterson Park Ave Corner

1934 # 109

D. B. F 07197 ✓ F 07197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2127 Walbrook ave. 15-01 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Chana Gitomer

(a) Residence: No. 2127 Walbrook ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph G.

DATE OF BIRTH (month, day, year): 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 37

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): Russia

10. NAME: Hyman Kahn

11. BIRTHPLACE (city or town) (State or country): Russia

12. MAIDEN NAME: Miriam Nessi

13. BIRTHPLACE (city or town) (State or country): Russia

14. INFORMANT: Louis Gitomer

(Address) 1639 Moreland ave

15. BURIAL, CREMATION OR REMOVAL

Place Hebrew Rosedale Date Dec 7. 1934

16. UNDERTAKER: S. Heneson Sons

(Address) 1727 E. Baltimore

17. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 . 1934

22. I HEREBY CERTIFY, That I attended deceased from June 10 . 1934 to Dec 6 . 1934

I last saw h[illegible] alive on Dec 5 . 1934 Death is said to have occurred on the date stated above, at 8 45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the Liver	7/10/34

Other contributory causes of importance:

Myocardial Insufficiency	12/3/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Alex Kobrinman, M. D.

(Address) 1075 4 Reisterstown Rd

F 07198 ✓ F 07198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 625 E 37th St., 9th Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph J. Viesthon

(a) Residence: No. 625 E. 37th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

If married, widowed, or divorced. HUSBAND of Carrie Viesthon

DATE OF BIRTH (month, day, year) July 20-1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman in Sanitary Dep. D.C.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. of Foremanbo.

Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 44 yrs

BIRTHPLACE (city or town) (State or country) City

8. NAME Richard Viesthon

9. BIRTHPLACE (city or town) (State or country) Germany

10. MAIDEN NAME Mary E. Thill

11. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Carrie Viesthon

(Address) 625 E. 37th St

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 8, 1934

UNDERTAKER John A. Inman

(Address) 300 E. Lafayette Ave

FILED ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/5/1934

22. I HEREBY CERTIFY, That I attended deceased from ... 1932 to Dec 6 1934

I last saw him alive on Dec 6, 1934 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follow:

	Duration
Cardio-Vascular disease	1 Yr

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) M. J. Lowe M. D.

(Address) 221 Eaton Place

F 07199

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07199

CERTIFICATE OF DEATH

137

PLACE OF DEATH Union Memorial Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 15-01 Ward)

gth of residence in city or town where death occurred 41 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME James A. Melvin

(a) Residence: No. 3800 Liberty Heights St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

f married, widowed, or divorced
HUSBAND of (or WIFE of) Mrs. James A. Melvin

ATE OF BIRTH (month, day, year) Aug. 4, 1863

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	4	2	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Caroline County, Md.
(State or country)

. NAME James Melvin

. BIRTHPLACE (city or town) Maryland
(State or country)

. MAIDEN NAME Margaret James

. BIRTHPLACE (city or town) Maryland
(State or country)

NFORMANT Mrs. James A. Melvin
(Address) 3800 Liberty Heights

URIAL, CREMATION, OR REMOVAL
Place Brookview, Md. Date 12/10/34

NDERTAKER Wm J. Tuchner & Son
(Address) North & Ave

ILED 7-1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-6-34, 19..., to 12-6-34, 19...

I last saw him alive on 12-6-34, 19... Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	Dec. 1934
Prostatic Hypertrophy	1930
	over

Other contributory causes of importance:

Chronic Passive Congestion of Lungs	Dec. 1934

Name of operation Suprapubic Cystotomy Date of 11-19-34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Henry M. Hansen, M. D.

(Address) Union Memorial Hospital

F 07200 ✓ F 07200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5306 Winner Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

(If outside city limits, give city or town where death occurred) How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret Joeckel

(a) Residence: No. 5306 Winner Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Fredk. W. Joeckel

DATE OF BIRTH (month, day, year): June 17, 1882

AGE	Years	Months	Days	IF LESS than 1 day, hrs. or min.
	52	5	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): Balto. Md.

10. NAME OF FATHER: Conrad Thon.

11. BIRTHPLACE (city or town) (State or country): Germany

12. MAIDEN NAME OF MOTHER: Mary Madalene Kellner

13. BIRTHPLACE (city or town) (State or country): Germany

14. INFORMANT: Fredk. W. Joeckel

(Address) 5306 Winner Ave

15. BURIAL, CREMATION, OR REMOVAL: Druid Ridge Cem. Date Dec 10, 1934

16. UNDERTAKER: W. H. Detmer Sons

(Address) Reisterstown Pikes

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30, 1934 to Dec. 6, 1934

I last saw her alive on Dec. 6, 1934 Death is said to have occurred on the date stated above, at 2201 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis	2 years ago 1932.
Original site on carcinomatosis was in the Uterus.	

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Symptoms Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify No.

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07201 07201

CERTIFICATE OF DEATH

164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 523 S. Bentalou St. 20th Ward)

th of residence in city or town where death occurred 2 yrs 1 mos 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Philip Schwertzel

(a) Residence: No. 523 S. Bentalou St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of
(or WIFE of) Louisa Bickhardt

TE OF BIRTH (month, day, year) Sept 26 1875

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	2	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Stock Yds

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Maryland

. NAME John Schwertzel

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Germany

FORMANT Louisa B. Schwertzel

(Address) 523 S. Bentalou St

URIAL, CREMATION, OR REMOVAL

Pla Greenmount Date Dec 7 1934

NDERTAKER F. B. Rupert & Son

(Address) 1300 Eutaw Place

ILED Dec 7 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intoxication of Ethyl Alcohol	
Gas.	Dec 4 '34

Other contributory causes of importance:

Suicide

Name of operation Lapsing Date of Dec 5 '34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Dec 4, 1934

Where did injury occur? Home 523 S. Bentalou St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Intoxication of Ethyl Alcohol Gas

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine, M. D.

(Address) 523 S. Bentalou St Coroner

D. P. 1934 07202 F 07202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 8-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph. Pfarr

(a) Residence: No. 2318 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Ida M. Pfarr.

6. DATE OF BIRTH (month, day, year) 8/13/1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Joseph Pfarr.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Charlotte?

16. BIRTHPLACE (city or town) (State or country) Balto? Md

17. INFORMANT Wife.
(Address) Above.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date Dec 10 3½ 1934

19. UNDERTAKER Frank Gorsuch & Son
(Address) 1706 Ashland Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/4. 1934 to 12/6 1934

I last saw him alive on 12/6 1934 Death is said to have occurred on the date stated above, at 4 25 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion? — Date of onset Late

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto. City Hosp

F 07203

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07203

93-004

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH McCormick Building.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Light & Barre Sts. St., 21-01 Ward)

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

FULL NAME Carl J. Wiesner.

(a) Residence: No. 909 Bayard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, w[illegible]
HUSBAND of Katherine Wiesner.

TE OF BIRTH (month, day, yea June 27, 1887

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 014

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Austria.

. NAME Alois Wiesner.

. BIRTHPLACE (city or town) (State or country) Austria.

. MAIDEN NAME Victoria Schwab.

. BIRTHPLACE (city or town) (State or country) Austria.

FORMANT Teresa Wiesner.(daughter)
(Address) 909 Bayard St.

URIAL, CREMATION OR REMOVAL
Place Holy Redeemer Dec 10 1934

NDERTAKER Tally & Zeiler Inc
(Address) 403 [illegible] St.

ILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8.55 a.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Myocardial Insufficiency.
Acute dilatation of the heart.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto H. Heinhardt, M. D.
Coroner

12/7/34 (Address) 1017 E. Charles St.

R. 1268-9

F 07204

HEALTH DEPARTMENT—CITY OF BALTIMORE

204

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 1023 Washington (Ward) 21

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Margaretha O'Farr

(a) Residence: No. 1023 Washington St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

ale	4. Color or Race: White	5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word): Widowed

If married, widowed or divorced: WIFE of (or) HUSBAND of: Conrad O'Farr

ATE OF BIRTH (month, day, year): June 9-1854

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	5	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stone

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ooo

Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country): Balto

. NAME: Joseph Pepusack

. BIRTHPLACE (city or town) (State or country): Germany

. MAIDEN NAME: Not Known

. BIRTHPLACE (city or town) (State or country): Germany

NFORMANT: Cora D O'Farr

(Address) 1021 Washington St

URIAL, CREMATION, OR REMOVAL: Holy Redeemer Cem Dec 10 34

NDERTAKER: Jos J Sterr & Son

(Address) 2501 Eutaw

ILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 34 to Dec 5 34

I last saw her alive on Dec 4 1934 Death is said to have occurred on the date stated above, at ... m.

The prinripal cause of death and related rauses of importance were as follows:

Mitral Regurgitation — Date of onset: Nov 15

Operative Complications — ooo

Other rontributory causes of importance:

acute Cardiac Dilatation — Dec 4

Name of operation ... Date of ... 10

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external rauses (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 20 W Saratoga St

F 07205

F 07205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Portland St. 27-01 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Naidich

(a) Residence: No. 700 Portland St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Joseph B. Naidich

6. DATE OF BIRTH (month, day, year) Dec 24-1892.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Kovno Russia

13. NAME OF FATHER Adolph Nekrash

14. BIRTHPLACE (city or town) (State or country) Kovno Russia.

15. MAIDEN NAME OF MOTHER Monica Wells

16. BIRTHPLACE (city or town) (State or country) Kovno Russia

17. INFORMANT Joseph B. Naidich

(Address) 700 Portland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer, Date Dec 8, 1934

19. UNDERTAKER Chas B. Kushanchas.

(Address) 637 S. Ponca St

20. FILED Dec 8 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5-, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15-, 1934, to December 6, 1934

I last saw h.e alive on December 5-, 1934. Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	1/2 hour

Other contributory causes of importance:

Hypertension	unknown
Organic Heart Disease	unknown
Chronic Interstitial Nephritis	unknown

Name of operation none Date of

What test confirmed diagnosis? Urinalysis & B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Rikund, M. D.

(Address) 2332 Edmondson Ave.

F 07206 D'Angelo F 07206

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-003

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1036 N Central Ave ST 10-01 WARD)

2-FULL NAME Rose Dangelo

(a) RESIDENCE NO. 1036 N. Central Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? 37 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced (or) WIFE of: Jack D'angelo

6 DATE OF BIRTH (month, day, and year): Sept 8th 1877

AGE: 57 Years 1 Months 23 Days 27 If LESS than 1 day, hrs or min

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: H. W. 037

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

7 BIRTHPLACE (city or town) (State or country): Italy

10 NAME OF FATHER: Salvatore Costantino

11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy

12 MAIDEN NAME OF MOTHER: Maria Zaccarina

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy

Informant (Address): Jack D'angelo 1036 N. Central ave

Filed ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 12/3/37 19

17 I HEREBY CERTIFY, That I attended deceased from July, 1933, to December 3, 1937,

that I last saw h alive on , 19

and that death occurred, on the date stated above, at 7 30 P. m.

The CAUSE OF DEATH* was as follows:

Bronchial Asthma

Chronic Myocarditis

(duration) 1 yrs. 6 mos ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) David Jenner, M. D.

(Address) Medical Arts Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemetery — DATE OF BURIAL: Dec 8 1937

20 UNDERTAKER: Chas B. Kushane Mfg — ADDRESS: 637 S. Fonew

F 07207

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07207

CERTIFICATE OF DEATH

✓ 23

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sister Mary Carmencita

(a) Residence: No. St. Vincents Convent St., 332 Front Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced WIFE of (or) HUSBAND of —

DATE OF BIRTH (month, day, year) 2/3/1842

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	10	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Education

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 60

9. BIRTHPLACE (city or town) (State or country) Wilmington Del

10. NAME Bonnapi Persoglio

11. BIRTHPLACE (city or town) (State or country) Italy

12. MAIDEN NAME Theresa Cattaneo

13. BIRTHPLACE (city or town) (State or country) Italy

14. INFORMANT Sister Estelle (Address) St Vincents Convent

15. BURIAL, CREMATION, OR REMOVAL Dodd Date 12/6 1934

16. UNDERTAKER Leonard J. Rush (Address) 1305 Hartford Rd

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1 1934 to December 6 1934

I last saw her alive on December 6 1934 Death is said to have occurred on the date stated above, at 5 20 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Heart Dilatation.

Natural Shock.

Other contributory causes of importance:

Acute Intoxication - Left Side Paralysis - Cerebral Hemorrhage

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 1934

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) J. J. Magenheller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. H. 1268-9

F 07208

07208 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 18-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Childs

(a) Residence: No. 915 Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Jessie (Legarita)

6. DATE OF BIRTH (month, day, year) Aug. 9, 1895(?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39(?)	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME of Father John T.

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME of Mother Mary Zimmerman

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Reynolds

(Address) Balt City Hosp

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/8/1934

UNDERTAKER John F. Cowan & Son

(Address) 901 W. Fallsway

FILED 12-8-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 25, 1934 to Dec 6, 1934

I last saw him alive on Dec 6, 1934 Death is said to have occurred on the date stated above, at 6 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. P. Magruder, M. D.

(Address) Balt City Hosp

B. 1263-9 F 07209 F 07209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

PLACE OF DEATH University Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., ... Ward) 24-01

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Baby Boy Thomas

(a) Residence: No. 719 E Fort Ave St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of Newborn

TE OF BIRTH (month, day, year) December 5, 1934

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	0	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

RTHPLACE (city or town) (State or country) Baltimore Maryland

. NAME Melvin Marvin Thomas

. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

. MAIDEN NAME Elizabeth Agnes Driggs

. BIRTHPLACE (city or town) (State or country) Malta Maryland

FORMANT Melvin Thomas (father)

(Address) 719 E Fort Ave

URIAL, CREMATION, OR REMOVAL

Place Loudon Park Mem. Cem. Date Dec. 7 1934

NDERTAKER

(Address)

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1934, to December 6, 1934

I last saw him alive on December 6, 1934 Death is said to have occurred on the date stated above, at 10:30 Am.

The principal cause of death and related causes of importance were as follows:

Prematurity (36 wks) — Date of onset

Other contributory causes of importance: Atelectasis Pyelectes

Name of operation Breech Extraction Date of 12-5-34

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) J. E. Savage M. D.

(Address) Univ Hosp

B 1268-9

F 07210

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07210

CERTIFICATE OF DEATH

82-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Franklin Square St., Ward 15-01

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME James Johnson

(a) Residence: No. 1413 No Vincent St St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	married

married, widowed, or divorced HUSBAND of (or) WIFE of Naomi Garrison

TE OF BIRTH (month, day, year) Unknown

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
ast	50			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Unknown

. NAME

. BIRTHPLACE (city or town) (State or country) Unknown

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Naomi Garrison

(Address) 1413 No Vincent St

URIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 7 ..... 19 34

NDERTAKER

(Address)

ILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 23 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... Inquest ....., 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	23 1934

Other contributory causes of importance:

Acute alcoholism	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 East Broadway

F 07211

F 07211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., Ward) 4-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John Murdock

(a) Residence: No. 704 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 54				

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glass Blower

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation 086

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Penna

14. NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Unknown

16. MAIDEN NAME Unknown

17. BIRTHPLACE (city or town) (State or country) Unknown

18. INFORMANT Sarah Smith

(Address) 527 W. 5th St Camden N. J.

19. BURIAL, CREMATION, OR REMOVAL

Place Cemetery Md Date Dec 7 1934

20. UNDERTAKER Baltimore Morgue

(Address) 344 W. Fayette St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Nov 27, 19... Death is said to have occurred on the date stated above, at 2 hrs 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
First and second degree burns	Nov. 27 1934

Other contributory causes of importance:

Accident	

Name of operation ... Date of ...

What test confirmed diagnosis? Injuries Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 27, 1934

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home own

Manner of injury Smoking cigarette in bed and patient fire

Nature of injury 1st & 2nd degree burns

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D. Coroner

(Address) 16 South Broadway

D. B. 1268-9

F 07212

HEALTH DEPARTMENT—CITY OF BALTIMORE

7212

CERTIFICATE OF DEATH

114-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Baltimore City Hospitals (Tb) St. 3-61 (Ward)

TY OF BALTIMORE: (No. ..... St., ... Ward.

gth of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? Unknown yrs. mos. ds.

FULL NAME Peter Makowski

(a) Residence: No. 832 S. Bond st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Victoria

ATE OF BIRTH (month, day, year) Unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Poland

10. NAME Frank Makowski

12. BIRTHPLACE (city or town) (State or country) Poland

13. MAIDEN NAME Sophia

14. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12/7 1934

UNDERTAKER J. J. Fahey Fu Co
(Address) 1131 W. Lexington St

Filed ..... 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 3 1934

22. I HEREBY CERTIFY, That I attended deceased from November 30 1934 to December 3 1934

I last saw him alive on December 3 1934 Death is said to have occurred on the date stated above, 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess	Oct. 1934
Other contributory causes of importance:	over

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Meyer W. Jacobsen M. D.

(Address) Baltimore City Hospitals

c—9-30—A & Co—250 Blks

F 07213

07213 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 131

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 500 Harwood ave ST. 27-01 WARD)

2 FULL NAME George Oliver Ningard

(a) RESIDENCE NO. 500 Harwood ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) ~~WIFE~~ of Mary L Ningard

DATE OF BIRTH (month, day, and year) May 20 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	56	6	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore

10 NAME OF FATHER George Ningard

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country)

12 MAIDEN NAME OF MOTHER Ella Barrue

13 BIRTHPLACE OF MOTHER (city or town) Not known
(State or country)

Informant (Address) Mary L Ningard 500 Harwood ave

Filed ..... 1934, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 6 1934

17

I HEREBY CERTIFY, That I attended deceased from 1929, 19..., to Dec 6, 1934

that I last saw h— alive on Dec 6, 1934

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Intestinal Nephritis

Many years
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Wm Kerr Cox M. D.

Dec 7 1934 (Address) 5602 York Rd

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Dec 8 1934

20 UNDERTAKER Henry Lutz — ADDRESS 308 N. Broadway

D. B. 1208-9

F 07214

7214 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 616 N. Payson St., 16-4 Ward)

gth of residence in city or town where death occurred 75 yrs. 11 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Catherine E. Brennan

(a) Residence: No. 616 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ---------

ATE OF BIRTH (month, day, year) Dec. 28, 1858

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	11	8	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

12. NAME Michael Brennan

14. BIRTHPLACE (city or town) ---------
(State or country) Ireland

15. MAIDEN NAME Susan Hopkins

16. BIRTHPLACE (city or town) ---------
(State or country) Ireland

INFORMANT Mrs. Sarah C. Long
(Address) 616 N. Payson Street

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 12/10 1934

UNDERTAKER Henry W. Weaver & Son
(Address) 500 N. Calvert Street

FILED 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 2 1934 to Dec 6 1934
I last saw her alive on Dec 6 1934. Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Carcinoma	1/2/34

Other contributory causes of importance:

Arterio-Sclerosis	1932

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M. A. O'Neill M. D.

(Address) 108 N. Sutton Av.

D. B. 1268-9

F 07215

215 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 24-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Gregory

(a) Residence: No. 1715 Jackson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Male	White	Divorced

If married, widowed, or divorced WIFE of HUSBAND of Alice Gregory

6. DATE OF BIRTH (month, day, year) July 5, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Picture Framer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME James C. Gregory

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Georgianna Layton

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Record Balt. City Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Date Dec. 8th, 1934

19. UNDERTAKER Frederick R. Cole
(Address) 1200 W. Lombard St.

DEC 1934

19. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1934 to Dec 5, 1934

I last saw him alive on Dec 5, 1934 Death is said to have occurred on the date stated above, at 3:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	3 days
C N S Syphilis	"

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I. Wagner M. D.

(Address) Balt. City Hosp.

D. P. 1268-9

F 07216

7216

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 S. Monastery Ave. 70-81 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas A. Legg

(a) Residence: No. 104 S. Monastery Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret P. Legg

6. DATE OF BIRTH (month, day, year) Oct. 6. 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69.	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John J. Legg

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Bowen.

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Margaret P. Legg.

(Address) 104 S. Monastery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 8th 1934

19. UNDERTAKER Mr. & Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

FILED Dec 11 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Dec. 6 1934

I last saw him alive on Dec. 3 1934 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury Walter Grenzler

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. E. Freeman M. D.

(Address) 101 S. Broadway

B. 1268-9

F 07217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 27961

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 6240 Belair Rd., St., 27th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles F. Buehler

(a) Residence: No. 6240 Belair Rd., Raspeburg, Md. St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Fredericka Ziegler

DATE OF BIRTH (month, day, year) Nov. 26, 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81		9 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.
10. Date deceased last worked at this occupation (month and year) 1914. 11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) (State or country) Würtemberg, Ger. Germany

13. NAME OF FATHER Wilhelm Buehler

14. BIRTHPLACE (city or town) (State or country) Wurtemberg, Ger.

15. MAIDEN NAME OF MOTHER Blattert

16. BIRTHPLACE (city or town) (State or country) Kornwestheim, Wurtemberg, Ger.

17. INFORMANT Mrs. Alexander Balika
(Address) 6240 Belair Rd., Raspeburg, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemetery Date Dec. 9th 1934

19. UNDERTAKER Frederick Brashears
(Address) 6201 Belair Road

20. FILED Dec 8 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1934 to Dec. 6, 1934
I last saw him alive on Dec. 6, 1934 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	Sudden termination.
Chronic Myocarditis	Many years
Arterio-sclerosis	duration
Cardiac Hypertrophy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Wilkinson, M. D.

(Address) 5713 Belair Rd., Raspeburg, Md.

D. B. 1268-9

7218 ✓ F 07218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 934 N. Washington St. 7-01 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. Huber

(a) Residence: No. 934 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of John F. Huber

DATE OF BIRTH (month, day, year) Feb 6/1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	10	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 39

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Stein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marie Fellner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John F. Huber

(Address) 934 N Washington St.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 12/10/34

UNDERTAKER Philip Herwig Sons

(Address) 200 Cathedral St.

FILED ..... 19 ..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Dec 5 1934

I last saw h[illegible] alive on Dec 5 1934 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Nov
Hypertension	34
Arteriosclerosis	
Cerebral Hemorrhage	Dec 6

Other contributory causes of importance:

Name of operation ..... Date of ..... 19..

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

H. P. 1268-9

F 07219

7219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Peter Reisz

(a) Residence: No. 502 N. Kenwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced WIFE of (or) HUSBAND of Cora (dead)

DATE OF BIRTH (month, day, year) Jan. 19/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	17/16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Conrad Reisz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ricardo

(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date 12/8/34 19

UNDERTAKER Phelps Henning Sons

(Address) 2416 Eutaw Ave.

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934 to Dec 5, 1934

I last saw him alive on Dec 5, 1934 Death is said to have occurred on the date stated above, at 4:35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon	5
Diabetes Mellitus	5

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. Brazil M. D.

(Address) Balt City Hosp

F 07220

7220 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Maine Ave. St. 28-01 Ward)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Agnes R. Cummins

(a) Residence: No. 4302 Maine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 25, 1858.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	11	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Robert Cummins

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Josephine Keys

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Harriett M. Mead
(Address) 4302 Maine Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Dec. 8, 1934

UNDERTAKER Harry R. Weitzel
(Address) 2101 Edmondson Ave.

FILED ..... 19..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-6- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov-1- 1934 to Dec-6 1934

I last saw her alive on Dec 6 1934 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular heart disease with Decompensation and myocardial degeneration, Senile arteria-sclerosis — Date of onset 11/4/34

Other contributory causes of importance: Chronic Passive Congestion of Lungs — Date of onset

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Wesley Cole M. D.

(Address) 2202 Druid Blvd

P 1268-9

17221

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07221

CERTIFICATE OF DEATH

X 124-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hosp. St., H-94 Ward)

gth of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Rachel Chrisman

(a) Residence: No. Blackshire, Va. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Wm. L. Chrisman

ATE OF BIRTH (month, day, year) April 6. 1872

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

9. NAME George Eastham

10. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Carr

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mr. Wm. L. Chrisman

(Address) 2112 Eutaw St

BURIAL, CREMATION, REMOVAL Greenmount Cem.

Place [illegible] Cem. 12/8, 1934

UNDERTAKER Harry S. Wilfong

(Address) 1101 Edmondson Ave

FILED 1934 Dec 11, 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1934 to 12-7, 1934

I last saw her alive on 12-7, 1934 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	1930
Fibri Hepatitis	"
Pyloric + Duodenal obstruction due to adhesions	1934
Atrophic Cirrhosis left lobe liver	?
Other contributory causes of importance: Cardiovascular Failure.	acute
Pneumonia	12-1 1934

Name of operation Post Gastro Jejunostomy Date of 12-5-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Harris, M. D.

(Address) 817 Park Avenue

H. B. 1268-9

✓ F 07222

7222

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals (Tb.)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 17-W (Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Henrietta Johnson

(a) Residence: No. 1021 Pennsylvania ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Earl Johnson

ATE OF BIRTH (month, day, year) Jan. 27, 1900

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	10	9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 027

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Henry Charms

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rachel Berry

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Piney Grove Cem. Date 12/9/ 34

UNDERTAKER Frances A. Hemsley
(Address) 978 W. Biddle St.

1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1934 to December 6, 1934

I last saw her alive on December 6, 1934 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. W. Jacobson, M. D.

(Address) Baltimore City Hospitals

B 1268-9

7223 HEALTH DEPARTMENT—CITY OF BALTIMORE 7223

CERTIFICATE OF DEATH

93-004

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 17-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sadie Walton

(a) Residence: No. 3203 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widow

married, widowed, or divorced HUSBAND of (or) WIFE of Preston Walton

TE OF BIRTH (month, day, year) 1880

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 10

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

RTHPLACE (city or town) (State or country) Va

NAME Wm Bowles

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Anna Smith

BIRTHPLACE (city or town) (State or country) Va

FORMANT Lucy Bundy

(Address) 424 Merryman Lane

URIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 12/10 1934

NDERTAKER Frances A. Hensley

(Address) 378 W. Biddle St.

LED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) L Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park

D. P. 1268-9

F 07224

07224 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 139-002

CITY OF BALTIMORE: (No.) St., 16-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Palmer

(a) Residence: No. 60 J Gilbert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced (or) WIFE of Everett Palmer

7. DATE OF BIRTH (month, day, year) Aug. 17, 1900

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	18	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

11. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME OF FATHER Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Susan Cook

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 12/8/ 1934

19. UNDERTAKER Frances A. Hemsley

(Address) 518 W. Biddle St.

20. FILED 1934 Dec 8 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 5 1934

I HEREBY CERTIFY, That I attended deceased from Nov. 5 1934 to Dec. 5 1934

I last saw her alive on Nov. 5 1934 Death is said to have occurred on the date stated above, at 11:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess, tubo Ovarian & Generalized peritonitis	3 weeks
(a)	
Other contributory causes of importance	
Nephritis & Uremia	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Samuel B. Gist M. D.

(Address) Balto City Hospitals

B. 1268-9

E 07225

7225 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131 Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1703 Lorman St. 15-01 Ward)

Length of residence in city or town where death occurred 17 yrs. — mos. — ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ida Scott

(a) Residence: No. 1703 Lorman St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	colored	Married

If married, widowed, or divorced: WIFE of (or) HUSBAND of Alfred Scott

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. laundry

10. Date deceased last worked at this occupation (month and year) 9th Nov. 1934

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Loudon Co., Va.

13. NAME John Colvin

14. BIRTHPLACE (city or town) (State or country) Alexandria Va Virginia

15. MAIDEN NAME Ida Colvin

16. BIRTHPLACE (city or town) (State or country) Loudon Co. Virginia

17. INFORMANT Carrie Jackson

(Address) 1703 Lorman St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Calvary Date Dec 9 1934

19. UNDERTAKER Joseph A. Linig

(Address) 1191 N. Mont st

FILED 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 25th 1934 to Dec 5th 1934

I last saw h[illegible] alive on Dec 5th 1934 Death is said to have occurred on the date stated above, at 7:55P m.

The prinripal rause of death and related causes of importance were as follows:

	Date of onset
interstitial nephritis	
	Dec

Other contributory rauses of importance:

coma about 12 hours
hypostatic congestion of lungs.

Name of operation none Date of ...

What test confirmed diagnosis? urine Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) L. B. Evans M. D.

(Address) 658 N. Franklin St

B 1268-9

VF 07226

226

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St. 14-01 Ward)

th of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary A Dorsey

(a) Residence: No. 1511 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Col	Married

married, widowed, or divorced HUSBAND of (or) WIFE of 2 —

TE OF BIRTH (month, day, year) Nov 7 1880

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
4	54	0	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md

NAME Wm Magruder

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Stella

BIRTHPLACE (city or town) (State or country) Md

FORMANT Belle Holliday

(Address) 1511 McCulloh St

RIAL INFORMATION OR REMOVAL

Cremation. Monday Nov 12 1934

NDERTAKER Bernard O Hawley

(Address) 218 East Mt Royal Ave

-1934 Interred Mt Auburn

ILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10½ m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D Ferguson M. D.
Coroner

(Address) 1305 E Pattison Park

—2-29-28—L. F. S.—500 Bks.

7227

F 07227

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

TY OF BALTIMORE: (No. 308 W. Preston ST., 11-01 WARD)

—FULL NAME Dennis Ross

a) RESIDENCE NO. 308 Preston St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced (write the word): Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Ross

TE OF BIRTH (month, day, and year): 1886

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	58			

CUPATION OF DECEASED

) Trade, profession or particular kind of work: Gleander

074

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) tate or country: C. A. Co. Md

NAME OF FATHER: Dennis Ross

BIRTHPLACE OF FATHER (city or town) (State or country): Md

MAIDEN NAME OF MOTHER: Unknown

BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

Informant: Rosa Lee

(Address) 1434 Presbman St

Filed 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 5 1934

17

I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1934, to Dec. 5, 1934,

that I last saw him alive on Dec. 5, 1934

and that death occurred, on the date stated above, at 2-30 a.m.

The CAUSE OF DEATH* was as follows:

Pneumonia (Bronchial)

(duration) yrs. mos. D ds.

CONTRIBUTORY (Secondary) Septic infection of D (arm)

Leg (duration) 8 yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of XXX

Was there an autopsy? XXX

What test confirmed diagnosis? XXX

(Signed) H. White, M. D.

, 19 (Address) 1344 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: 12/9 1934

20 UNDERTAKER: Howard Beasley

ADDRESS 518

D. P. 1368-9

✓ F 07228

7228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1302 Hollins St. St., 19-W Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles M. Stewart

(a) Residence: No. 1302 Hollins St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Stewart

DATE OF BIRTH (month, day, year) November 13, 1874

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	60	-	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) August 20, 1934

11. Total time (years) spent in this occupation 43 yrs

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Charles M. Stewart

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Waters

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Miss Marion Stewart
(Address) 1302 Hollins St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 10, 19 34

UNDERTAKER Joseph H. Cook
(Address) 1005 W. Baltimore St.

FILED ... 29 ... Registrar.

1934 6 1011

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 19 34

22. I HEREBY CERTIFY, That I attended deceased from August 20, 19 34 to December 7, 19 34

I last saw him alive on Dec. 6, 19 34 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Ca	8-20-34
Angina pectoris	8-20-34
Other contributory causes of importance: Arterio-sclerosis	Before 8-20-34

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas C. Ellis, M. D.

(Address) 1703 W. Fayette St.

D. B 1268-9

(07229) **HEALTH DEPARTMENT—CITY OF BALTIMORE** (07229)

CERTIFICATE OF DEATH

Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyn Lane Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Chilcote

(a) Residence: No. 1429 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 19, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Frederick C Chilcote

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. MAIDEN NAME Nellie McCune

15. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mr. Frederick C Chilcote

(Address) 1429 E. Preston St.

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 8, 1934

UNDERTAKER John J. Doran

(Address) 3600 E. Balto St.

FILED DEC 10 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1934 to Dec 7, 1934

I last saw her alive on Dec 7th 1934 Death is said to have occurred on the date stated above, at 3.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pertussis	11/4/34
Lobar Pneumonia.	11/5/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Samuel E. Bogorad M. D.

(Address) Resident Mercy Hospital

F 07230

7230 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1059 W. Lexington ST. 18-01 WARD)

2 FULL NAME James H. Hines

(a) RESIDENCE NO. 1059 W. Lexington ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eliza Hines

DATE OF BIRTH (month, day, and year) 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 040

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer W.M. R.R. Co.

BIRTHPLACE (city or town) (State or country) Centerville Md.

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town) (State or country) "

Informant Rebecca Hines
(Address) 206 N. Hanover

Filed 1934 19 Huntington T. Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6 1934

17

I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1934, to Dec 5, 1934

that I last saw him alive on Dec 5, 1934

and that death occurred, on the date stated above, at 10.20 A.M.

The CAUSE OF DEATH* was as follows: Dec 6.

Cerebral Apoplexy

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Arterial hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Usual signs

(Signed) H. H. Conner, M. D.

19 (Address) 111 W. Hoff Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount cemetery — DATE OF BURIAL: Dec 10 1934

20 UNDERTAKER: Walter B. Spurrier Co. — ADDRESS: Hanover

1-30—M. A. T.—250 Bks

F 07231

07231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 48

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 W Lanvale St. 16-01 WARD)

2-FULL NAME Lucy Williams Sales

(a) RESIDENCE NO. 1713 W Lanvale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Married

married, widowed, or divorced WIFE of Charles Sales

6 DATE OF BIRTH (month, day, and year) May 8, 1901

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	33	9	28	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Bacto Md.

10 NAME OF FATHER Robert Williams

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Birdie Coates

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Essex Co Va

Informant (Address) Charles Sales 814 N Bruce St.

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 6, 1934

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to Dec 6, 1934

that I last saw her alive on Dec 6, 1934

and that death occurred, on the date stated above, at 3.15 p. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uteri

(duration) yrs. 5 mos da.

CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Microscopical

(Signed) W. H. Howell M.D.

Dec 7, 1934 (Address) 1811 Carrollton Ave

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL Dec 9, 1934

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 N Schroeder St.

B. 1268-9

F 02232

HEALTH DEPARTMENT—CITY OF BALTIMORE

6232

CERTIFICATE OF DEATH

93-003

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (a) 512 N. Arlington St., 18-01 Ward)

n of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Martha Thompson

(a) Residence: No. 512 N. Arlington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Col	Widow

married, widowed, or divorced
HUSBAND of
ort WIFE of Lorenia Thompson

TE OF BIRTH (month, day, year) 1869-May 18

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	8	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore Md.

NAME Perry Phillips

BIRTHPLACE (city or town) (State or country) md.

MAIDEN NAME Catherine Jones

BIRTHPLACE (city or town) (State or country) md.

FORMANT Chas Thompson
(Address) 512 N. Arlington

RIAL, CREMATION, OR REMOVAL

Place Govans Cem. Date Dec 8- 1934

NDERTAKER Jos. Ges. Keller & Son
(Address) 1641 Gay St

LED ... 19 ... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Duration of Disease
Chronic Myocarditis	3 mo
Senility	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Quick Coroner, M. D.

(Address) Coroner

D. H. 1268-9

07233 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 7233

CERTIFICATE OF DEATH

V 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 155 N. Ellwood Ave St. 6-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 11 mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Griffin

(a) Residence: No. 155 N. Ellwood Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Charles E. Griffin

DATE OF BIRTH (month, day, year) Dec. 15, 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	11	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 50 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Alves

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Suzanne Carroll

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Charles E. Griffin

(Address) 155 E. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date Dec 10 1934

19. UNDERTAKER P. Madison Mitchell

(Address) Havre de Grace, Md

20. FILED Dec 11 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1934 to Dec 7 1934

I last saw her alive on Dec 7 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
Hypertension	
Cerebral Apoplexy	
Other contributory causes of importance:	
Myocarditis and Uremia	
Pulmonary Edema	Dec 6?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. T. Lovell M. D.

(Address) 156 N. Wolfe Ave

B 1268-9

F 07234

HEALTH DEPARTMENT—CITY OF BALTIMORE

231

CERTIFICATE OF DEATH

X 59

PLACE OF DEATH Union Memorial Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 12 (Ward)

gth of residence in city or town where death occurred 53 yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? 52 yrs. ... mos. ... ds.

FULL NAME Mr. Joseph Szulinski

(a) Residence: No. 8-15th ave. Brooklyn Park, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, widowed, or divorced HUSBAND of ~~XXXXXX~~ Josephine Szulinski

ATE OF BIRTH (month, day, year) July 25th/1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	4	11	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retaired Merchant

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME Adam Szulinski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Frances ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Josephine Szulinski

(Address) 8-15th Ave Brooklyn Prk, Md.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross 11 Co. Date Dec 11th ... 1934

UNDERTAKER George A. Weber

(Address) 700 S Ann street

FILED 1934 ~~Pimlico~~ Baltimore.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 6 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 . 1934 to Dec. 6 . 1934

I last saw him alive on Dec 6 . 1934 Death is said to have occurred on the date stated above, at 4:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - Lobar right	12-1-34
~~Prostate Goiter~~	~~1927~~
Diabetes Mellitus	1927

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles H. Conley Jr. M. D.

(Address) Union Memorial Hosp.

B. 1268-9

07235

E 07235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 174

PLACE OF DEATH
Y OF BALTIMORE: (No.) Provident Hosp. St. 14-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Geo Robinson

(a) Residence: No. Westminster Carroll Co Md. St., Ward.
Route 5 Box 128
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

de	4. Color or Race: Col	5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 1896

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Carroll Co Md

NAME unknown

BIRTHPLACE (city or town) (State or country) Carroll Co Md

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) Carroll Co Md

FORMANT Provident Hosp Records
(Address)

RIAL, CREMATION OR REMOVAL
Place Elsworth Date Dec 13 1934

NDERTAKER H Bankard & Son
(Address) Westminster Md

LED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Stab wound of chest	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or Homicide Date of injury Nov 30 1934
Where did injury occur? Carroll Co Md
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place
Manner of injury Stabwound.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H C Link Coroner, M. D.
(Address) Carroll

B. 1268-5 F 07236 F 07236

9169 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X 137

PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 3-61 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) th of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Follweiler

(a) Residence: No. 610 N Vine St., Ward. Hazelton Pa
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) 12-28-69

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Pa

2. NAME David Follweiler

3. BIRTHPLACE (city or town) (State or country) Pa

4. MAIDEN NAME Elmina Snyder

5. BIRTHPLACE (city or town) (State or country) Pa

NFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL Hazleton Pa Date 12/8/34

NDERTAKER Williams Cook
(Address) 1247 St Paul Street

[illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1934 to Dec 8 1934

I last saw him alive on Dec 8 1934 Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

Immediate cause of death was uremia. Patient had benign prostatic hypertrophy and Pyelonephritis

Date of onset 1932

Other contributory causes of importance:

Pelvic Abscess

Name of operation 0 Date of 0

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0 19

Where did injury occur? 0
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 0

Manner of injury 0

Nature of Injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify. 0

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp.

D. B. 1[illegible]

F 07237

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07237

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Norfolk ave St. 15-01 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Levi

(a) Residence: No. 3803 Norfolk ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Yetta

DATE OF BIRTH (month, day, year) 1865

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Abraham Levy.

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah Lazowitz

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs Ida Falb

(Address) 4004 Springdale ave

BURIAL, CREMATION, OR REMOVAL

Place Washington Cem. Date Dec 9. 1934

UNDERTAKER A Lennon Bro

(Address) 1127 E Baltimore St

FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-9- 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec-6- 1934 to Dec-9- 1934

I last saw h. in alive on Dec-9- 1934. Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12/9/34
Other contributory causes of importance: Diabetes	5 yrs

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19 .....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Herman Siddall M. D.

(Address) 2404 Eutaw pl

D. P. F 07238

F 07238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fredrick Fehrer

(a) Residence: No. 4714 Hulls Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Fehrer

DATE OF BIRTH (month, day, year) October 7, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signature operator

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun Office 63

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Stephen Fehrer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Shuerman

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Cemetery Date Dec. 11, 1937

UNDERTAKER Henry Heeb Sons, Inc.

(Address) 1301 E. Eager St.

FILED Dec 10 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/3/37, 19 to 12/5/37, 19

I last saw h[illegible] alive on 12/5/37, 19 Death is said to have occurred on the date stated above, at 12 30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	?
Other contributory causes of importance:	
Pulmonary T.B.	?

Name of operation none Date of

What test confirmed diagnosis? Spinal Tap Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar S. Campbell, M. D.

(Address) Mercy Hospital

F 07239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07239

93-013

CERTIFICATE OF DEATH

PLACE OF DEATH: Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette & Pulaski Sts. 2nd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME: Miss Ella Casey

(a) Residence: No. 1310 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): March ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	9	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 04?

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country): Ireland.

13. NAME OF FATHER: Thomas Casey

14. BIRTHPLACE (City or town) (State or country): Ireland.

15. MAIDEN NAME OF MOTHER: Mary Higgins

16. BIRTHPLACE (City or town) (State or country): Ireland.

17. INFORMANT: Michael Casey

(Address): 1310 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL: Cathedral

Place: Dec. 11- 34

Date

19. UNDERTAKER: Margaret E. Flynn

(Address): 14?? Light St.

20. FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12 - 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 12 - 6 1934 to 12 - 8 1934

I last saw her alive on 12 - 8 1934. Death is said to have occurred on the date stated above, at 12 ? m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset ?

Arteriosclerosis

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No — If so, specify

(Signed) Daniel S. Shanahan M. D.

(Address) Bon Secours Hospital

NF 07240

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 Bryant Ave St., 13 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edith Auerbach

(a) Residence: No. 2315 Bryant Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

If married, widowed, or divorced, (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME MORRIS HANDLER

11. BIRTHPLACE (city or town) (State or country) Russia

12. MAIDEN NAME ANNA —

13. BIRTHPLACE (city or town) (State or country) Russia

14. INFORMANT Milton Caplan
(Address) 107 W Biddle St

15. BURIAL, CREMATION, OR REMOVAL Date 12/9/34 19

16. UNDERTAKER
(Address)

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8/34, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to Dec. 8, 1934

I last saw h. alive on Dec 8 1934. Death is said to have occurred on the date stated above, at 12 Noon m.

The principal cause of death and related causes of importance were as follows:

	Date al onset
Carcinoma (Vagina)	1 year
Other contributory causes of importance:	
Carcinomatosis	3 mos

Name of operation None Date of —

What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. Frederick Lentz M. D.

(Address) Temple Garden Apts

D. B. [illegible] F 07241

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07241

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Moreland Ave St., 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. 4 mos. ... ds.

2. FULL NAME Rebecca Honigman

(a) Residence: No. 1813 Moreland Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of Aaron Honigman, deceased

DATE OF BIRTH (month, day, year) —, —, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland, Europe.

13. NAME Aaron Hirschman

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Esther ?

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Harry Honigman Son
(Address) 2213 Lincoln Ave

BURIAL, CREMATION, OR REMOVAL
Richard Roedder Date 12/9/34 19...

UNDERTAKER Jay Levy Inc
(Address) 1439 E. Baltimore St.

FILED ... 19... Registrar.

12-1934 D 181

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1934 to December 7, 1934

I last saw her alive on December 7, 1934 Death is said to have occurred on the date stated above, at 6:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) General Carcinomatosis	?
(2) Carcinoma of Breast (Rt.)	?
(3) Chronic Myocarditis	?
Other contributory causes of importance: Arteriosclerosis	?

Name of operation Removal of Breast Date of July 1934

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Philip F. Lerner, M. D.

(Address) 1813 Moreland Ave.

F 07242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07242

CERTIFICATE OF DEATH

181

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St. 3-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Kate Frankel

(a) Residence: No. 1147 E. Lombard or 12 S. Eden St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Adolph Frankel

TE OF BIRTH (month, day, year) 1904

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) London England

. NAME Barnett Abrams

. BIRTHPLACE (city or town) (State or country) Russia

. MAIDEN NAME Rebecca Greenblatt

. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Albert Abrams (Bro)

(Address) 2140 Pressman St

URIAL, CREMATION, OR REMOVAL

Place Balto Hebrew Cemetery 12/9/34

NDERTAKER Jack Davis

(Address) 1439 E. Balto St

ILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.40 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia due to burns over body	Nov 7/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Nov 7/34

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in private at 1637 E. Balto St

Manner of injury clothes caught fire from

Nature of injury kitchen stove while cooking

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 508 E Fayette

D. P. 1268-9

F 07243

F 07243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: Little Sisters of Poor St. 10-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Mc Carrier,

(a) Residence: No. 1200 - Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
(a) HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.
13. NAME Henry Mc Carrier
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Mary C. Rourke
16. BIRTHPLACE (city or town) (State or country)
17. INFORMANT Sister Stanislaus, Supr.
(Address) 1200 - Valley St., city
18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12/10/31 19
19. UNDERTAKER Rita Redfield
(Address) 910 Eutaw pl.
20. FILED Dec 10 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1931 to Dec 8 1931
I last saw her alive on Dec 7 1931 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

Chr Nephritis — Date of onset ?

Other contributory causes of importance:

Pneumonia — Date of onset 2 ds.

Name of operation ... Date of ...
What test confirmed diagnosis Physn Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) L. Mc Carrier M. D.
(Address) 1114 Madison

F 07244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 117-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 14-01 Ward)

Length of residence in city or town where death occurred 10 Yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr. Harold Knight

(a) Residence: No. 1522 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Sept 13th 1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	2	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Fruits 66

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) West Va

13. NAME Louis R Knight

14. BIRTHPLACE (city or town) (State or country) West Va

15. MAIDEN NAME Catherine Durham

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Catherine D. Knight

(Address) Mechanicsburg Pa

BURIAL, CREMATION, OR REMOVAL

Place Piedmont W. Va Date 12-10 19 34

UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins sts

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 19 34

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 19 34 to Dec 8 19 34

I last saw h alive on Dec 8 19 34 Death is said to have occurred on the date stated above, at 6 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Duodenal Peptic Ulcer	1931
Gastro-enterostomy	12/6/34
Post-operative shock	12/7/34

Other contributory causes of importance:

Name of operation Gastro-enterostomy Date of 12/6/34

What test confirmed diagnosis? Exam. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. J. Fearing M. D.

12-8-34 (Address) University Hospital.

D. B. No. 07245 Auck F 07245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2212 Lake Ave St., 8-41 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louise W Duck

(a) Residence: No. 2212 Lake ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Christian J Auck

DATE OF BIRTH (month, day, year) Aug 11th 1887

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Williams Behrens

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Clara Miller

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Christian J Auck
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 8th 1934

UNDERTAKER George Schilling & Sons
(Address) Monument & Funeral

FILED Dec 10 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19 1934 to Dec 8 1934

I last saw her alive on Dec 7 1934 Death is said to have occurred on the date stated above, at 12 30 A m.

The principal cause of death and related causes of importance were as follows:

Nephritis Chronic — Date of onset

Other contributory causes of importance:

Valvular Heart Disease

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl Fisher M. D.

(Address) 1822 N. Mont. St.

D. P. 265-9

F 07246

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07246

CERTIFICATE OF DEATH

V 44-003

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 301 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? 3 yrs. mos. ds.

2. FULL NAME Joseph Glowas

(a) Residence: No. 630 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nancy (Lig)

7. DATE OF BIRTH (month, day, year) ? 1875

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59 ?			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ? Italy

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ? Italy

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ? Italy

INFORMANT Records (Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 12/8/37 19

UNDERTAKER [illegible] (Address) [illegible]

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1937 to Dec. 7, 1937

I last saw h[illegible] alive on Dec 7, 1937 Death is said to have occurred on the date stated above, at 11.05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza (?)	? Days
Bronchopneumonia	1 wk

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt City Hosp.

D. P. 1200 F 07247

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07247

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Avenues St., 28-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Edmund Jones

(a) Residence: No. 4814 Frederick Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single —

6. DATE OF BIRTH (month, day, year) 3/28/1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Q40

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Wm. F. Jones.

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret H. O'Neill

16. BIRTHPLACE (city or town) (State or country) United States

17. INFORMANT Sister - Mrs Catherine Roach

(Address) 4814 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date Dec 10, 1934

19. UNDERTAKER Mary J. Keith Sons

(Address) 1535 W. Fayette St.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-6-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-6-, 1934 to 12-6-, 1934

Last saw him alive on 12-6, 1934 Death is said to have occurred on the date stated above, at 3.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Chronic nephritis	?
Uremic Coma	12-6-34

Other contributory causes of importance:

Lee - Anemia	?

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address)

B 1268-6 F 07248

F 07248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Hopkins Hospital St. 2-01 Ward)

th of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Barbara Kriss

(a) Residence: No. 607 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	divorced

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Oct 8/1864

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME John Schriefer

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Germany

FORMANT Katherine Hoyt
(Address) 708 N. Durham St

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec 10, 1934

NDERTAKER John Ulrich
(Address) 2008 Eastern Ave

LED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia due to burns over almost entire body	Nov 7/34
Ummarried age	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury nov 7/34

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home. Clothes caught fire

Manner of injury while starting fire in

Nature of injury kitchen stove.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Jos Wagner M. D.
Coroner

(Address) 508 E North

D. B. 1268-4 F 07249

F 07249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. [illegible] Ward)

Length of residence in city or town where death occurred 63 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Mary C. Kelly

(a) Residence: No. 923 W. Lubert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) NOV 29, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	0	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 109

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Thos Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ellen Fitzsimmons

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Brother

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 12/10, 1934

UNDERTAKER Henry H. Mears & Son

(Address) 505 N. Paca St.

FILED —, 19— Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-6-34, 19 to 12-9-34, 19

I last saw h[illegible] alive on 12-7-34, 19 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Vascular Disease	Unk.
Other contributory causes of importance:	
Cerebral Accident (Apoplexy)	12-6-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm E. Boyer, M. D.

(Address) Mercy Hospital

B. 1268-M F 07250

93128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07250

15

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

Y OF BALTIMORE: (No. ..... St. 15-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Helene Johnson

(a) Residence: No. 1357 N Stockton St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

married, widowed, or divorced — HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) 11-26-34

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md

. NAME Joseph Johnson

. BIRTHPLACE (city or town) (State or country) Md

. MAIDEN NAME Lucy Austis

. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec 10 1934

NDERTAKER Thomas E. Kelson

(Address) 1303 Pressman st

D. 9-1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov-29 1934 to Dec 7 1934

I last saw her alive on Dec 7 1934. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	12/5/34
Other contributory causes of importance:	
Peritonitis (Streptococcus)	12/6/34

Name of operation 0 Date of ...

What test confirmed diagnosis? Clinical observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ... M. D.

(Address) Johns Hopkins Hospital

F 07251

F 07251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1374 N. Calhoun St. 15-01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles S Johnson

(a) Residence: No. 1374 N Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Susie Johnson

6. DATE OF BIRTH (month, day, year): June 30, 1890

7. AGE: Years 44 | Months 5 | Days 6 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter - 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 34 yrs

12. BIRTHPLACE (city or town) (State or country): Balto, Md

13. NAME: Mrs Chas Johnson

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Harriet Anderson

16. BIRTHPLACE (city or town) (State or country): Balto Co. Md

INFORMANT (Address): Susie Johnson 1374 N Calhoun st

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Cemtery Date: Dec 9. 34

UNDERTAKER (Address): Thomas E. Kelson 1303 Presstman St

9-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 6th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1934 to Dec 6th 1934

I last saw h-- alive on Dec 5th 1934. Death is said to have occurred on the date stated above, at 2,15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Heart.	1 month
	40-
Other contributory causes of importance: Mitral Regurgitation of Heart	3 wks
	ago-

Name of operation none Date of

What test confirmed diagnosis Physical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry F Brown M. D.

(Address) 1835 Madison ave.

H. D. F. 1268

F 07252

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07252

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3310 St. Ambrose Ave. St., 27-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Augusta Conover

(a) Residence: No. 3310 St. Ambrose Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles E. Conover

DATE OF BIRTH (month, day, year) Nov. 15, 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	0	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Salto Md.
(State or country)

13. NAME George Louis Hauf

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Schuff

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mrs. B. F. Swindell
(Address) 3310 St Ambrose Ave.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12/10 19 34

UNDERTAKER J. V. Cannon
(Address) 4611 Park Heights Ave

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from many years 19 ... to Dec 8 1934
I last saw h... alive on Dec 8 1934 Death is said to have occurred on the date stated above, at 12:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	Dec 1
Other contributory causes of importance: Nephritis	Feb 4 34

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Barnett O. Callen M. D.

(Address) 1804 Linden Ave

D. B. 1269 F 07253 ✓ F 07253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 42-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Claxton

(a) Residence: No. 2122 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 22, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C.C.C Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME OF FATHER Oscar

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Martha Webb

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Rhonda Bell City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Zeke Va Date Dec 9, 1934

19. UNDERTAKER Robert F. Williams
(Address) 1515 Pennsylvania Ave

20. FILED Dec 10, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1934 to Dec. 7, 1934

I last saw h alive on Dec 7, 1934 Death is said to have occurred on the date stated above, at 1:35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	7 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. Prager, M. D.

(Address) Bell City Hosp

F 07254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07254

92-001

Registered No. 15-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3710 Chatham Rd. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Owen L. Dumond

(a) Residence: No. 3710 Chatham Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced HUSBAND of Minnie Dumond

DATE OF BIRTH (month, day, year) Nov. 2, 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Fairhill Pa.

13. NAME Lewis H. Dumond

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Lidia Cosebo

16. BIRTHPLACE (city or town) (State or country) N. Y.

INFORMANT Mrs. Ida Fadel

(Address) 3710 Chatham Rd.

BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill. Date Dec. 9, 1934

UNDERTAKER Martin Dobyns Sons

(Address) Eutaw & Lanvale Sts.

FILED DEC 10 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4 - 1934 to Dec. 8, 1934

I last saw him alive on 12 - 5 - 1934 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	
Other contributory causes of importance: Mitral Regurgitation	

Name of operation none Date of ... No

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify none

(Signed) Llewellyn Loyd M. D.

(Address) 3705 Liberty Heights Ave.

F 07255

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07255

CERTIFICATE OF DEATH

94-001

Registered No. 94-01

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4326 E. Eager St., 1st Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Grace D. Wilhelm

(a) Residence: No. 4326 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed or divorced~~ (or) WIFE of George H. Wilhelm

6. DATE OF BIRTH (month, day, year) Mar 6 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harford Md

13. NAME OF FATHER William Jones

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Eliza Riley

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George H. Wilhelm

(Address) 4326 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Baltimore Md Date Dec 11 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 1928 to Dec 8 1934

I last saw her alive on Oct 23 1934 Death is said to have occurred on the date stated above, at 11:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration and hypertension	Nov 1928
Other contributory causes of importance: Angina & Cirrhosis of Pectoris	Dec 28 34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dawson L. Taylor M. D.

(Address) Sparrows Point Md

F 07256

F 07256

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Dead on arrival at

Y OF BALTIMORE: (No. St. Joseph Hospital St., 9-01 Ward)

th of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William S. Russell

(a) Residence: No. 814 E. Preston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) May 2/1872

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Finisher

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 0 5

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME George A. Russell

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME Henrietta Miller

BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Florence Russell (sister)

(Address) 814 E. Preston St

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/15 19 34

NDERTAKER Wm Cook

(Address) 1217 St Paul St

LED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(Fell to sidewalk)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. L. Wagner Coroner M. D.

(Address) 508 E Mont

F 07257 Lula Isaac F 07257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001

Registered No. 87-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lula Isaac

(a) Residence: No. 1322 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or divorced~~ (or) WIFE of A. Isaac (Dead)

6. DATE OF BIRTH (month, day, year) June 11, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Stewart

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Maria Le Count

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends

(Address) Balto City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 12 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Dec 10 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7 1934 to Dec 9 1934

I last saw h[illegible] alive on Dec 9 1934 Death is said to have occurred on the date stated above, at 2 40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 wks
Hypertension	"
T.B. Tuberculosis	"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D Frazier M. D.

(Address) Balto City Hosp

D. P. 1268-9

F 07258

F 07258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. 23-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp. Ward)

Length of residence in city or town where death occurred 2 yrs. mos. dy. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Marie Goetz

(a) Residence: No. 1329 Hanover St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	8 9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Louis Goetz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Viola Murphy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Louis Goetz
(Address) 1329 Hanover St

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 12.12.34

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/1/34, 19 to 12/8/34, 19

I last saw h[illegible] alive on 12/7 1934 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis	
Leukemia	
Bronchopneumonia	

Other contributory causes of importance: acute

Name of operation Incision & drainage Date of 11/24/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. R. Gaskell M. D.

(Address) South Balto Gen Hospital

F 07259

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07259

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2616 Loyola Northway St., 15-21 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jennie Hirschhorn

(a) Residence: No. 2616 Loyola Northway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Joseph

7. DATE OF BIRTH (month, day, year) 1870

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Zelick Goldenstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Solomon Hirschhorn
(Address) 4215 Pimlico Rd.

18. BURIAL, CREMATION, OR REMOVAL Balt. Hebrew Cem. Date 12/10/37. 19

19. UNDERTAKER Jack Levy Inc.
(Address) 1437 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 6/14. 1937. to 12/9. 1937. I last saw her alive on 12/9 1937. Death is said to have occurred on the date stated above, at 8:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	6/14/1937

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Dr Jurkow M. D.

(Address) 2320 Eastern Ave

B 126 T 07250 ✓ T 07280

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) Jud Gen Hosp. St., 15-01 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 57-11-28

FULL NAME Geo Dashiell Wright

(a) Residence: No. 3917 Forest Park Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Male	4. Color or race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced HUSBAND of (or) WIFE of Anna K. Wright.

TE OF BIRTH (month, day, year) 1882 Dec 9

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	11	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brush Business

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brush Labs

Date deceased last worked at this occupation (month and year) Dec 7-1934

11. Total time (years) spent in this occupation 10yrs

RTHPLACE (city or town) (State or country) Balto Md

. NAME Jas L. Wright.

. BIRTHPLACE (city or town) (State or country) Md.

. MAIDEN NAME Ella Lowry.

. BIRTHPLACE (city or town) (State or country) Md.

FORMANT Robt D. MacGregor

(Address) 403 N Belle Ave

RIAL, CREMATION, OR REMOVAL

Place Loraine Date Dec 10 1934

NDERTAKER Stewart Memorial Co.

(Address) 108 W Mt Ave

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris

Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. Falk Coroner, M. D.

(Address)

F 07261

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07261

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 17-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 16 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Vivian Blanchard

(a) Residence: No. 605 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 24, 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	10	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME OF FATHER Jefferson Blanchard
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME OF MOTHER Mary L. Swigett
16. BIRTHPLACE (city or town) (State or country) Alma
17. INFORMANT Mrs. Mary Blanchard
(Address) 605 Bruce St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 9 1934
19. UNDERTAKER Sam'l M. Chase & Son
(Address) 638 N. Gilmor
20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-4- 1934 to 12-7- 1934
I last saw her alive on 12-7- 1934 Death is said to have occurred on the date stated above, at 3 00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Heart Disease	12-4-34

Other contributory causes of importance:
Mitral Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. McDonald, M. D.
(Address) Provident Hosp.

B 1265-9

F 07262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07262

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No.) 1621 Lanvale St., 16-21 Ward)

th of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard W Hall

(a) Residence: No. 821 N. Mount St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hall

TE OF BIRTH (month, day, year) March 5 1891

E Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Md.

NAME George Hall

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Fannie Young

BIRTHPLACE (city or town) (State or country) Md

FORMANT Emma Hall

(Address) 821 N. Mount

URIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 9, 1934

NDERTAKER Sam'l H. Chase Inc

(Address) 638 N. Gilmor

ILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. A. Lush, M. D.

Coroner

(Address) Coroners

D. B. 1268-9

F 07263

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07263

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 861 Woodward 21-41 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John. G. Holt.

(a) Residence: No. 861 Woodward. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary. M. Holt.

6. DATE OF BIRTH (month, day, year) July 12 1904

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	4	29	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PAIR. HEATER Hot. Mill

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

9. Date deceased last worked at this occupation (month and year) April 29, 1934

10. Total time (years) spent in this occupation 10 yrs

11. BIRTHPLACE (city or town) (State or country) Spartanburg S. C.

12. NAME George. D Holt.

13. BIRTHPLACE (city or town) (State or country) S. C.

14. MAIDEN NAME Masaley Henderson

15. BIRTHPLACE (city or town) (State or country) S. C.

16. INFORMANT Mary. M. Holt (Wife)
(Address) 861 Woodward St

17. BURIAL, CREMATION, OR REMOVAL Loudon Park. Date 12/12 1934

18. UNDERTAKER Bernard C Harle
(Address) 1000 E Pleasant St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 21 1934 to Dec 10 1934

I last saw him alive on Dec. 10, 1934 Death is said to have occurred on the date stated above, at 4.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	April 1933
Pulmonary Hemorrhage	Nov 8/34
Pulmonary Hemorrhage	Dec 10/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Henry Hatch M. D.

(Address) 823 Hood St

D. P. 1268-9

07264 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 07264

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1516 E. Monument St. 15-01 (Ward)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George T. Holland

(a) Residence: No. 1516 E. Monument St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Florence Holland

DATE OF BIRTH (month, day, year): — 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hostler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME of father: Henry Holland

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME of mother: Elizabeth Addison

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Andrew Holland

(Address) 1717 N. Calhoun St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec. 11, 1934

UNDERTAKER: Thos E. Kelson

(Address) 1203 Pressman St

FILED ..... 19.. ..... Registrar.

DEC 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27th, 1934 to Dec 7th, 1934

I last saw him alive on Dec 7th, 1934 Death is said to have occurred on the date stated above, at 1.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Suppurative Pneumonia	about 6 weeks ago
Secondary Exhaustion	3 days.

Other contributory causes of importance: .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. H. Rauschbach M. D.

(Address) 2215 N. Wash Ave

F 07265

F 07265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 194-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Hopkins

(a) Residence: No. Chas. Co. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 1 1912

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	6	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 10

9. BIRTHPLACE (city or town) (State or country) Hughesville Chas Co. Md.
10. NAME Thomas Hawkins
12. BIRTHPLACE (city or town) (State or country) Hughesville Chas Co Md
13. MAIDEN NAME Miss Julia Johanna
14. BIRTHPLACE (city or town) (State or country) Hughesville Chas Co Md
15. INFORMANT Frank Hawkins
(Address) Hughesville Md
16. BURIAL, CREMATION, OR REMOVAL Date 12/10 1934
Place Dispatcher
17. UNDERTAKER Elmer R Gardner
(Address) Mechanicsville Md
18. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-7- 1934 to 12-8- 1934
I last saw him alive on 12-8- 1934 Death is said to have occurred on the date stated above, at 7:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococic Meningitis	12-6
I.B. in Left Parietal lobe	11-17
Other contributory causes of importance:	
Cerebral abscess	?
sub aradnoid Hemorrhage	?

Name of operation None Date of

What test confirmed diagnosis? Lab Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 11-17- 1934.
Where did injury occur? ~~Hughesville~~ Chas. Co. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Struck splinter in left orbit
Nature of injury I.B. in Middle fossa

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R Rut M. D.
(Address) University Hospital

B 12 F 07266 ✓ F 07266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2321 Eastern Ave St., 1-01 Ward)

th of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Portaszkiewicz

(a) Residence: No. 2321 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed, or divorced
HUSBAND of
(or) WIFE of Victoria

TE OF BIRTH (month, day, year) Unknown

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
5	75			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Poland
(State or country)

. NAME John Portaszkiewicz

. BIRTHPLACE (city or town) Poland
(State or country)

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) Poland
(State or country)

NFORMANT Mrs Sikor.
(Address) 2321 Eastern Ave

URIAL, CREMATION, OR REMOVAL
Pla St Stanislaus Dat Dec 11 34

NDERTAKER F W Ozarowski
(Address) 1930 Eastern ave

ILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. J. Herzog M.D. Coroner M. D.

(Address) 1305 N Patterson Park Ave

F 07267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07267

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH 2871 N Lanvale St. ST. 16-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No

2-FULL NAME Joseph J Presley

(a) RESIDENCE NO. 2871 N. Lanvale ST., WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs mos ds How long in U. S., if of foreign birth? yrs mos ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Presley (nee Miller)

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	60			

Unknown

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Fireman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balto. City Fire Department

BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

10 NAME OF FATHER John Presley

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland.

12 MAIDEN NAME OF MOTHER Mary Gaule

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs. Mary A. Restorine

(Address) 2554 Rayner Ave

Filed 12/9 '34 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 9 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 . 1934 . to Dec 9 . 1934 .

that I last saw him alive on Dec 8 . 1934 .

and that death occurred, on the date stated above, at 7 A . m.

The CAUSE OF DEATH* was as follows:

Generalized arteriosclerosis
Chronic Nephritis.

(duration) several years yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) J. J. Michel, M. D.

Dec 10 1934 (Address) 2901 Edmondson Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Louden Park

DATE OF BURIAL 12/12 1934

20 UNDERTAKER Mary A Gaul Estate

ADDRESS 2539 Rayner Ave

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE E07268

07268

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 628 S. Hilton St. 16-01 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Rachel A. Hooper

(a) Residence: No. 628 Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Jacob~~ Wm. F. Hooper

DATE OF BIRTH (month, day, year) Aug 23, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	3	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME of Father Gardner

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME of Mother Estella Goat

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Bessie C. Williams

(Address) 628 S. Hilton St

BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cem Date Dec 11, 1934

UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED Dec 11 1934, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 12, 1934 to Dec 8, 1934

I last saw her alive on Dec 7, 1934 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis — Date of onset Dec 1934

Other contributory causes of importance: Obstruction of Bowels by Malignancy — Date of onset Nov

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Evans, M. D.

(Address) 612 N. 40th St

B. 1968-S

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07789

CERTIFICATE OF DEATH

+51

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 7-01 Ward)

th of residence in city or town where death occurred yrs. 1 mos. 10 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Ida. Palmer Ricketts

(a) Residence: No. 5 Park Place St., Ward. Troy - N. Y. -
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Ugera

ATE OF BIRTH (month, day, year) 1/17/5-6

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President -

Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

Date deceased last worked at this occupation (month and year) [illegible] 18 Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland

. NAME Palmer Ricketts

. BIRTHPLACE (city or town) (State or country) Maryland

. MAIDEN NAME Eliz. Getty.

. BIRTHPLACE (city or town) (State or country) Virginia

NFORMANT Friends.

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Troy, N.Y. Date 12/10/ 1934

NDERTAKER John A. Mitchell & Sons

(Address) 1900 Eutaw Place

ILED 12 10 1934 19.... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 30 1934 to Dec. 10 1937

I last saw him alive on Dec. 10 1934 Death is said to have occurred on the date stated above, at 6 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	12/3/34

Other contributory causes of importance:

Carcinoma of Prostate	?
arteriosclerosis	?

Name of operation Prostatectomy Date of 7/11/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Culbreth M. D.

(Address) Johns Hopkins Hospital

F 07270

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-021 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4509 Clifton Road St., 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Isabelle Hawley Woodson

(a) Residence: No. 4509 Clifton Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew J. Woodson

DATE OF BIRTH (month, day, year) June 15, 1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Franklin M. Hawley

14. BIRTHPLACE (city or town) (State or country) Connecticut

15. MAIDEN NAME Emily Betson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss. Emily F. Woodson

(Address) 4509 Clifton Road

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date Dec 10 1934

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED ... 19... Registrar

DEC 10 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1934 to 12-8-, 1934

I last saw her alive on 12-8-, 1934 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	90 yrs
Endocarditis,	8 "

Other contributory causes of importance:

Arteio-Sclerosis,	over 10 yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None.

(Signed) Dimmitt Sorrell M. D.

(Address) 3705 Liberty Hgts. Ave.

B 1268-9

7271 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 07271

CERTIFICATE OF DEATH

82-001

PLACE OF DEATH

Registered No. .....

Y OF BALTIMORE: (No. St. Joseph Hospital St. 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 50 yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Abraham Goldberg

(a) Residence: No. 334 S. Patterson Pk Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

married, widowed, or divorced HUSBAND of (or) WIFE of anna

TE OF BIRTH (month, day, year) 1871

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

. NAME Berel Goldberg

. BIRTHPLACE (city or town) (State or country) Russia

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Samuel Goldberg (Son)

(Address) 2302 Coal Ave

IAL, CREMATION OR REMOVAL

Hebrew Rosedale Date 12-11- 193[illegible]

NDERTAKER Jack Lewis Inc

(Address) 1439 E Baltimore St

12-10-1934 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 7 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	Dec 8/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Weems M. D.

Coroner

(Address) 508 E Monument

D. H 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

7272 T 07272

CERTIFICATE OF DEATH

82-001

Registered No. .....

PLACE OF DEATH pavement of

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1409 W. Fayette St. St., 19-01 Ward)

rth of residence in city or town where death occurred Life yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

FULL NAME Harry L. Wynn

(a) Residence: No. 1413 W. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Wynn

ATE OF BIRTH (month, day, year) About 1865.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. T. C. Valiant Co.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

12. NAME Joseph R. Wynn

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Emily Gould

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT T. Henry West
(Address) 4004 Greenway

BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/10 [illegible]

UNDERTAKER [illegible]
(Address) 1315 E. [illegible]

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9 , 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on Inquiry , 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec. 9 1934
Other contributory causes of importance: Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jos. R. Valiant, M. D.
Coroner

(Address) 16 South Broadway

D. B 1268-9

7273

HEALTH DEPARTMENT—CITY OF BALTIMORE 57273

CERTIFICATE OF DEATH

82-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1523 Lemmon St. St. 14-01 Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William R. Gunther

(a) Residence: No. 438 S. Parrish St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Gunther

ATE OF BIRTH (month, day, year) Dec. 25-1893.

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	11	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R.R. 03
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME William Gunther

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Emma Gunther
(Address) 438 S. Parrish St.

BURIAL, CREMATION, OR REMOVAL Date 12/12 1934
Fu London Park
Cem Cork
12/17 Laurel

UNDERTAKER
(Address)

FILED DEC 10 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19
I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Dec 9 1934
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of
What test confirmed diagnosis: Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jack L. Valliant M. D.
Coroner
(Address) 16 South Broadway

D. B. 1265 F 07274 F 07274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1818 N. Monroe St., 15-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hilda June Briggs

(a) Residence: No. 1818 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry L. Briggs

DATE OF BIRTH (month, day, year) June 1 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Julia Dewbiss

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Amanda Ward

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mr. Harry Briggs

(Address) 1818 N. Monroe St.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 11, 1934

UNDERTAKER Joseph Segler

(Address) 1420 W. North Ave

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1934.

22. I HEREBY CERTIFY, That I attended deceased from March, 1929 to Dec. 8th, 1934

I last saw him alive on Dec. 7th, 1934. Death is said to have occurred on the date stated above, at 1-36 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of cervix of uterus	Mch '29

Other contributory causes of importance:

General carcinomatosis and inanition

Name of operation ... Date of ...

What test confirmed diagnosis? clinical & laboratory Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Salvatore H Barranco M. D.

(Address) 436 E. Fort Ave

...—9 30—A. & Co.—250 Blks

F 07275

F 07275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

J 108

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1522 Shields Alley ST. | 14-11 WARD)

2-FULL NAME Mamie Drew

(a) RESIDENCE NO. 1522 Shields Alley ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How Long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, and year) ? 1905

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	29	?	?	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER George Randolph

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

Informant (Address) Family 1522 Washington

Filed ..... 19..... Registrar .....

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 8/34

17

I HEREBY CERTIFY, That I attended deceased from Dec 3, 1934, to Dec 8, 1934

that I last saw h[illegible] alive on Dec 8, 1934

and that death occurred, on the date stated above, at 3a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. 6 ds.

CONTRIBUTORY .....
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. F. Hatcher M. D.

12/10, 1934 (Address) 1725 Pennsylvania Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL Dec. 15, 1934

20 UNDERTAKER Mrs. George H. Fallon — ADDRESS 1012 Druid Hill Ave

D. H. 1268-a

F 07276

F 07276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 5-01 St. Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Lee

(a) Residence: No. 60 x Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Lee

DATE OF BIRTH (month, day, year) - 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Towson, Md

13. NAME William Garrett

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT (Address) Records, Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Pleasant Rest Date Dec 11, 1934

UNDERTAKER (Address) Jos. Geo. E. Boyle & Son 1600 E. Baltimore St.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1934 to Dec 7, 1934

I last saw h alive on Dec 7, 1934 Death is said to have occurred on the date stated above, at 3-05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, cholecystitis (Not tuberculous, meningococcic, or syphilitic).	1 hr?

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. Phagell M. D.

(Address) Balt. City Hosp

F 07277

HEALTH DEPARTMENT—CITY OF BALTIMORE F 07277

CERTIFICATE OF DEATH

174

Registered No. 17-81

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth ? yrs. mos. ds.

FULL NAME Clara Connor

(a) Residence: No. 763 George St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John W. Connor

DATE OF BIRTH (month, day, year) Apr. 28-1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Annapolis Maryland

13. NAME Rubin Johnson

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

INFORMANT Marie E. Walther
(Address) 148 Worcester St. Boston

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 12/10/34 19

UNDERTAKER Mrs. George F. Fitch & Son
(Address) 1631 E. Fayette Ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 4 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of lungs	Dec 4 1934
Other contributory causes of importance:	
Homicide	

Name of operation Date of
What test confirmed diagnosis Inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Time of injury Dec. 4 1934
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury Stabbed with butcher knife
Nature of injury Hemorrhage of lung

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Walter M. D.
Coroner
(Address) 16 South Broadway

F 07278

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07278

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 N. Fulton Ave 20th Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Nelson Wells Owens

(a) Residence: No. 502 N. Fulton Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

If married, widowed, or divorced: HUSBAND of (or WIFE of) Ida L. Dewey

6. DATE OF BIRTH (month, day, year) Aug 23 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME OF FATHER Augustus Owens

14. BIRTHPLACE (city or town) (State or country) Annapolis Md.

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

17. INFORMANT Dolda L. Owens

(Address) 502 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL St. Anns Cem. Annapolis Md. Dec 11. 1934

19. UNDERTAKER John A. Whitehill Funeral Home

(Address) 1902 Eutaw Place

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9 . 1934

22. I HEREBY CERTIFY, That I attended deceased from October 3 - . 1934 to December 9 - . 1934.

I last saw him alive on December 7. 1934 Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	unknown

Other contributory causes of importance:

none.

Name of operation none Date of ---

What test confirmed diagnosis? Urinalysis & B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson ave

F 07279

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07279

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 402 N. Carroll St. (Hospital or Institution)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Gilbert Cole

(a) Residence: No. 402 N. Carrollton Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colo.	Widower

If married, widowed, or divorced WIFE of Lottie Cole

6. DATE OF BIRTH (month, day, year) Oct 24, 1863.

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
71	1	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common Laborer.

10. Date deceased last worked at this occupation (month, year) Dont Know

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Charlestown Md

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Charlestown Md

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Charlestown Md

17. INFORMANT Ezra Sallie Sister

(Address) 402 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 11, 1934

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1934 to Dec. 8, 1934

I last saw him alive on Dec 8, 1934. Death is said to have occurred on the date stated above, at 10:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	about 3 mos
& Cystitis	

Other contributory causes of importance:

& Hypostasis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or In public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) E. T. Gayer M. D.

(Address) 522 N. Arlington Ave

F 07280 F 07280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 27-001

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 936-W. Saratoga St. Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Phoebe Johnson

(a) Residence: No. 936-W. Saratoga St., ... Ward. —
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced
(or) WIFE of James Johnson

DATE OF BIRTH (month, day, year) not Known

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38 (approx)	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Servant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family
10. Date deceased last worked at this occupation (month and year) 1924
11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Cumberland County, Va.
13. NAME not Known
14. BIRTHPLACE (city or town) (State or country) not Known
15. MAIDEN NAME Judy Johnson
16. BIRTHPLACE (city or town) (State or country) Cumberland County, Va
17. INFORMANT James Johnson (husband)
(Address) 936-W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion's Date Dec 11, 1934
19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12.7.34

22. I HEREBY CERTIFY, That I attended deceased from 11.23.34, 19..., to 12.7.34, 19.....
I last saw her alive on 12.6.34 19..... Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of rt. hip	1904
Laceration rt. hip	1927
Osteo-myelitis rt. femur	1929
Toxemia (infectious)	1930

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury fall from tree & cut with ax
Nature of injury fracture & incision

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Pasa M. D.
(Address) 865 W. Lexington St.

F 07281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

√ 23

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 312 Myrtle Ave ST. 4-C WARD)

2. FULL NAME Alfred Warren

(a) RESIDENCE NO. 312 Myrtle Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single.

DATE OF BIRTH (month, day, and year) Feb. 12, 1906

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	28	9	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Labour

(b) General nature of industry, business, or establishment in which employed (or employer) 040

(c) Name of employer

BIRTHPLACE (city or town) (State or country) S. C.

10 NAME OF FATHER Frank Warren

11 BIRTHPLACE OF FATHER (city or town) (State or country) S. C.

12 MAIDEN NAME OF MOTHER Julia Allen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) S. C.

Informant (Address) Julia Warren 312 Myrtle Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/6/34

17

I HEREBY CERTIFY. That I attended deceased from Dec 2, 1934, to Dec 6, 1934

that I last saw her alive on Dec 6, 1934

and that death occurred, on the date stated above, at 5 P m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ..... Date of .....

Was there an autopsy?

What test confirmed diagnosis?

(Signed) B. H. Hatchett M. D.

12/7, 1934 (Address) 1225 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Auburn Cemetery	Dec 10 1934
20 UNDERTAKER	ADDRESS 322 N
Mrs Katie R. Williams	Schroeder St.

F 07282

B 1268-9

282 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 23

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Mercy Hospital St. 23-01 Ward)

gth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Patrick Shiflett

(a) Residence: No. 27 E. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) May 20/05

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	6	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL.
Place New Cathedral Date 12/11 34

UNDERTAKER J. J. Frakes Son
(Address) 1318 E. Eager St.

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-30, 1934 to , 19

I last saw him alive on Dec. 7, 1934 Death is said to have occurred on the date stated above, at 11:35 a. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Tuberculosis of Bone & Gto
- Mosaic of Abdominal Walls

Date of onset

Other contributory causes of importance:
Cachexia.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sol Smith, M. D.
(Address) Mercy Hospital

D. B. 1268-0

F 07283 :1

283 · HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 189

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 3-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Alexander White

(a) Residence: No. 1512 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Reynolds
(Address) Balt. City Hosp.

BURIAL, CREMATION, OR REMOVAL Date Dec 10, 1934
Place Cemetery of Mod

UNDERTAKER
(Address)

FILED 19 Registrar

0021

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1934 to Dec 7, 1934

I last saw him alive on Dec 7, 1934 Death is said to have occurred on the date stated above, at 8:1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Starvation	
	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phazel M. D.

(Address) Balt. City Hosp.

P. 1268-9

•T 07284

HEALTH DEPARTMENT—CITY OF BALTIMORE

7284

CERTIFICATE OF DEATH

Registered No. 53

PLACE OF DEATH Baltimore City Hospitals

Y OF BALTIMORE: (No. ..... St., 11-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward Miles

(a) Residence: No. 112 Rockrest Place Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X: Male | 4. Color or Race: Cal | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year): March 3, 1888

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	19	1

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

BIRTHPLACE (city or town) (State or country): Greenville S.C.

3. NAME Frank Miles

4. BIRTHPLACE (city or town) (State or country): S. C.

5. MAIDEN NAME Hannah Cherry

6. BIRTHPLACE (city or town) (State or country): S. C.

NFORMANT Hospital Records

(Address)

HURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec. 10 19 34

UNDERTAKER

(Address)

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 4 1934

I HEREBY CERTIFY, That I attended deceased from Nov 20 1934 to Dec 4 1934

I last saw him alive on Dec 3 1934 Death is said to have occurred on the date stated above, at 2:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration of disease
Tumor Spinal Cord	3
Extra Medullary	
Hemiplegia, Right	
	over
Other contributory causes of importance: Embolism Pulmonary	2 days

Name of operation Laminectomy + Excision of Tumor Date of 11/30/34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Roswell D. Ford M. D.

(Address) Balto City Hospitals

F 07285

D. P. 2268-9

07285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 21 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney Williams

(a) Residence: No. 31 S Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 24, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virgin Islands

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Virgin Islands

15. MAIDEN NAME Charlotte

16. BIRTHPLACE (city or town) (State or country) Virgin Island

17. INFORMANT Records

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel City Md Date Dec. 10 1937

19. UNDERTAKER C B

(Address)

19934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1937 to Dec 7, 1937

I last saw him alive on Dec 7, 1937 Death is said to have occurred on the date stated above, at 5:10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, arteriosclerotic (Chronic)	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J Phagin M. D.

(Address) Balt City Hosp

2-29-28—1. F. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07286

286

CERTIFICATE OF DEATH

159

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No.) 1036 W. Lanvale ST. 16-9 WARD)

—FULL NAME Baby Christmas

(a) RESIDENCE NO. 1103 W. Lanvale St. WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
ale	Colored	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) 12-8-34

E	Years	Months	Days	If LESS than 1 day, hrs or min.
			3 d	

CUPATION OF DECEASED

) Trade, profession or rticular kind of work none

) General nature of industry, siness, or establishment in hich employed (or employer)

) Name of employer

RTHPLACE (city or town) Balto, Md
tate or country) Maryland

NAME OF FATHER Oscar Christmas

RTHPLACE OF FATHER (city or town) Baltimore
(State or country) Maryland

MAIDEN NAME OF MOTHER Christina Helen Oliver

RTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Maryland

Informant Christina H. Christmas

(Address) 1103 W. Lanvale

Filed ___ . 19 ___ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10-34

17 I HEREBY CERTIFY, That I attended deceased from 12-8-, 1934, to 12-10-, 1934

that I last saw him alive on 9th Dec, 1934

and that death occurred, on the date stated above, at 8.50 a. m.

The CAUSE OF DEATH* was as follows:

prematurity birth

(duration) yrs. 6 3 hours mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Signs & Symptoms

(Signed) John E. J. Campbell M. D.

. 19 (Address) 439 N. Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster, Md

20 UNDERTAKER [illegible]

PAT FOR E. WOODAL-

DATE OF BURIAL Dec. 10 19 34

ADDRESS

B. B. 1268-9

F 07287

07287 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 94-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St., 18-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John R. Moulden

(a) Residence: No. 821 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Moulden

6. DATE OF BIRTH (month, day, year) 12-14-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

13. NAME John Moulden

14. BIRTHPLACE (city or town) (State or country) D.C.

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. A. Moulden

(Address) 821 W. Lombard St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 12/12 1934

18. UNDERTAKER Wilbur W. Stivers Inc

(Address) Edmondson Ave.

19. FILED 12-13-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Feller, M. D.
Coroner

(Address) 2739 Eastern Ave.

D. P. 1268-9

F 07288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7288

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St. 14-21 Ward)

Length of residence in city or town where death occurred ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Sagle

(a) Residence: No. 226 S Eden Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year) Nov 29, 1859

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70		10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME Geo. Sagle

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Eleanor ?

16. BIRTHPLACE (city or town) Va
(State or country)

INFORMANT Records Balt City Hosp
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 12. 11. 1934

UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hoffman Sts.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13 1934 to Dec 9 1934

I last saw him alive on Dec 9 1934 Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency	
& failure	2 Mos

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Phazier, M. D.

(Address) Balt City Hosp

H. D. B. 1268-9

F 07289

07289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 N. Bruce St. 17-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Henderson.

(a) Residence: No. 700 N. Bruce St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Newborn

DATE OF BIRTH (month, day, year) 12-10-34

7. AGE	Years	Months	Days	If LESS than 1 day, ..7.. hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles Henderson

14. BIRTHPLACE (city or town) (State or country) Catonsville, Md.

15. MAIDEN NAME Helen Day.

16. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

17. INFORMANT Helen Henderson
(Address) 700 N. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md. Date Dec 10 1934

19. UNDERTAKER C. [illegible]
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1934 to 12-10, 1934

I last saw her alive on 12-10, 1934 Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	
Neonatorum.	
Other contributory causes of importance: Maternal, Lues.	

Name of operation None Date of .....

What test confirmed diagnosis? Clin + Path. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Savage, M. D.

(Address) Univ. Hosp.

D. F. 1268-9

F 07290

(07290) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 W Lombard St. 19-W Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E. Harris

(a) Residence: No. 1823 W. Lombard St., ... Ward. Same Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna C. Harris

7. DATE OF BIRTH (month, day, year) Apr. 17th 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Millwork do

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 65 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Charles Harris

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Susan E. Simmons

(Address) 1823 W. Lombard St. Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Irvington Md. Date Dec 11th 1935

19. UNDERTAKER Lloyd Lucas

(Address) Edmondson Ave. Irvington Md.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/10/35, 19.., to 12/6, 1935

I last saw him alive on 12/4, 1935 Death is said have occurred on the date stated above, at 10:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary insufficiency	10/26/35
Other contributory causes of importance: Acute cardiac dilatation	12/1/35
	12/6/35

Name of operation None Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) Benjamin Hollander, M. D.

(Address) 2130 Eutaw Ave

D. P. 1268-9

F 07291

7291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals) St. (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margie Henderson

(a) Residence: No. 733 W Fifth St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel (dead)

6. DATE OF BIRTH (month, day, year) March 3, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 ?	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N. C

13. NAME Robert Jones

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Louise Lafferty

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Friends

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Pleasant Date Dec 11 1934

19. UNDERTAKER John C. Miller

(Address) 2435 E. Biddle St

19. FILED 1934 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1934 to Dec 8, 1934

I last saw h[illegible] alive on Dec 8, 1934 Death is said to have occurred on the date stated above, at 3:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	? 32

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I Pleasant, M. D.

(Address) Balt. City Hosp

D. B. 1268-9

30 1
7292

HEALTH DEPARTMENT—CITY OF BALTIMORE 7292

CERTIFICATE OF DEATH

X 30

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 7-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME William J. Storch

(a) Residence: No. Bidwell & E. Fl. St., No 1 Ward. Raleigh - N-Car
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, y Aug 21 1906

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	3	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N-Car-

12. NAME Gaston Storch

13. BIRTHPLACE (city or town) (State or country) N-Car-

15. MAIDEN NAME Mary Tusk

16. BIRTHPLACE (city or town) (State or country) N-Car-

NFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL

Place Raleigh N. C. Date Dec 12 1934

NDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1934, to Dec. 10, 1934

I last saw him alive on Dec 10, 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Hemorrhage	12/9/34
Surgical Shock	

Other contributory causes of importance:

Ulc of kidney

Name of operation Nephrectomy Date of 12/5/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp.

D. B. 1268-9

2438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 2293

2293

Registered No. 23

PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Barnes

(a) Residence: No. 6603 Fairmount-Ave St., Ward. Brightwin-Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 3/17/34

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	22	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
8. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) N. Y. —
12. NAME Charles Barnes Md —
14. BIRTHPLACE (city or town) (State or country) —
15. MAIDEN NAME Mary Perkins Md —
16. BIRTHPLACE (city or town) (State or country) Va. Richmond
17. INFORMANT JOHNS HOPKINS HOSPITAL (Address)
18. BURIAL, CREMATION, OR REMOVAL Place Oaklawn Cem. Date Dec. 11 1934
19. UNDERTAKER George W. Zimbler (Address) 1797 E. Eager St.
20. FILED Dec. 11 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 23 1934 to Dec. 9 1934.
I last saw him alive on Dec. 9 1934. Death is said to have occurred on the date stated above, at 1205 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis;	11-18-34
Pulmonary tuberculosis.	2
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis T. Schwentker, M. D.

(Address) Johns Hopkins Hospital

F 07294

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07294

+108

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 102 W. 26th St., 12-01 Ward)

2-FULL NAME Roy Allen Rhoades

(a) RESIDENCE NO. 102 W. 26th St., Ward Shamokin Penna

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. X mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
male	White	single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, and year) March 1, 1931

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	3	9	9	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

BIRTHPLACE (city or town) Ranshaw
(State or country) Pennsylvania

10 NAME OF FATHER F. Myron Rhoades

11 BIRTHPLACE OF FATHER (city or town) .....
(State or country) Pennsylvania

12 MAIDEN NAME OF MOTHER Katherine Young

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Pennsylvania

Informant (Address) F. Myron Rhoades 102 W. 26th Street

Filed Dec 19 1934 Registrar

COEONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and from information received, find that said deceased came to death by Pneumonia (Inquest, autopsy or inquiry) on the day stated above.

The CAUSE OF DEATH was as follows:

Pneumonia (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) ..... (duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death? .....

Did an operation precede death? ..... Date of .....

Was there an autopsy? .....

What lesions confirmed diagnosis? .....

(Signed) Geo. H. Krause, M. D.

12/10, 1934 (Address) 9632 Rolandvue

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Shamokin, Pennsylvania — DATE OF BURIAL Dec. 19 1934

20 UNDERTAKER E. Leroy Stiffler, Inc. — ADDRESS 125 E. North Ave

F 07295 ✓ F 07295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2824 Clifton Av. St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Jennie Dawson

(a) Residence: No. 2824 Clifton Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
F.	Wht.	Widow

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Wm F. Dawson

DATE OF BIRTH (month, day, year): May 29th 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At home 037

8. Date deceased last worked at this occupation (month and year): Nov.

11. Total time (years) spent in this occupation: 50 yrs

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Ruth N. Humphrey

14. BIRTHPLACE (city or town) (State or country): Balto. Md

15. MAIDEN NAME: Annie McComb

16. BIRTHPLACE (city or town) (State or country): Ireland.

INFORMANT (Address): Mrs Lita Ross 2824 Clifton Av.

BURIAL, CREMATION, OR REMOVAL: Place Mt. Olivet Date Dec 12th 1934

UNDERTAKER (Address): Wm Cook 1217 St Paul St

FILED 12 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Dec 10 1934

I last saw h[illegible] alive on Dec. 9 1934 Death is said to have occurred on the date stated above, at 6:52 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver & Gall Bladder	[illegible]

Other contributory causes of importance:

Kidney Block	2 days
Operated twice for Gall Stones	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1605 N. North Av.

F 07296

F 07296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1234 E. Preston St., 9-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Zimmerman

(a) Residence: No. 1234 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. ~~Single, Married,~~ Widowed, or ~~Divorced~~ (write the word): Widowed

If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of Chas. H. Zimmerman

DATE OF BIRTH (month, day, year) Mar 17th 1844

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	90	8	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
9. Date deceased last worked at this occupation (month and year): X | 11. Total time (years) spent in this occupation: X

10. BIRTHPLACE (city or town) (State or country): Germany

12. NAME Casper Kaidel

13. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Martha Hendrock

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT Annie Zimmerman

(Address) 1234 E. Preston St

BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date Dec 13th 1934

UNDERTAKER Wm Cook

(Address) 1217 E. Paul St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1934 to Dec 10 1934

I last saw h[er] alive on Dec 6th 1934 Death is said to have occurred on the date stated above, 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema
+ general anasarca

Date of onset .....

Other contributory causes of importance:

Chronic endocarditis
+ Chronic myocarditis

Name of operation (Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury ..... 19.....

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place (

Manner of injury ~

Nature of injury (

24. Was disease or injury in any way related to occupation of deceased? ~
If so, specify .....

(Signed) Chas. H. Zimmerman M. D.

(Address) 4702 Harford Road

D. P. 12

Heurich

F 07297

F 07297

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4016 Bellwood Ave Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louise D. Heurich

(a) Residence: No. 4016 Bellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~ (or) WIFE of Albert Heurich

DATE OF BIRTH (month, day, year) May 10th 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037
8. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

9. BIRTHPLACE (city or town) (State or country) Germany
10. NAME Henry Hefelmeyer
11. BIRTHPLACE (city or town) (State or country) Germany
12. MAIDEN NAME Dorothea Sander
13. BIRTHPLACE (city or town) (State or country) Germany
14. INFORMANT Mrs. Geo. Sunderland
(Address) 4016 Bellwood Ave.
15. BURIAL, CREMATION, OR REMOVAL
Place Western Date Dec 19th 1934
16. UNDERTAKER Wm Cook
(Address) 1217 St Paul St.
17. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1 1934 to Dec 9 1934
I last saw her alive on Dec 8 1934 Death is said to have occurred on the date stated above, at 4:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	1934

Other contributory causes of importance:

Diabetes Mellitus	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sylvester Dorsey M. D.
(Address) 1521 Eutaw Pl

1934

D. P. 12

F 07298 ✓ M F 07298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St., 19-21 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles M. Mewshaw

(a) Residence: No. 624 S. Fulton Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or ~~WIFE of~~) ~~Margaret~~ Mary Mewshaw

DATE OF BIRTH (month, day, year) March 19-1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	8	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME Joseph Mewshaw
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Margaret Connor
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Mrs Mary Mewshaw
(Address) 624 S. Fulton Ave.
18. BURIAL, CREMATION, OR REMOVAL Place Morelands Mem. Pk. Date Dec. 11. 1934
19. UNDERTAKER John E. Connelly
(Address) Essex Md.
20. FILED Dec 11 1934, 19.., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 19.., to ....., 19..
I last saw h alive on Dec 7, 19.. Death is said to have occurred on the date stated above, at 3:23A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock	

Other contributory causes of importance:

Automobile Accident	

Name of operation None Date of ✓

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/8, 1934
Where did injury occur? W Preston Ave & Monroe St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while walking across street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F Kearney Coroner, M. D.
(Address) 2208 E Madison St

F 07299 ✓ F 07299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 70-01 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Richard E. Currin
(a) Residence: No. 2506 Emerson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Lana Currin

DATE OF BIRTH (month, day, year) Oct-21-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Engineer
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 030
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va. Va.

13. NAME Thomas Currin
14. BIRTHPLACE (city or town) (State or country) Va.
15. MAIDEN NAME Matilda Elam
16. BIRTHPLACE (city or town) (State or country) Va
INFORMANT Wife, Mrs Lana Currin
(Address) 2506 Emerson St

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Memorial Date 12/10 19 34
UNDERTAKER John G. Connelly
(Address) Essex Md.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 6 - 19 34

22. I HEREBY CERTIFY, That I attended deceased from 12-4 19 34 to 12-6 19 34
I last saw h alive on 12-6 19 34 Death is said to have occurred on the date stated above, at 1 P. M.
The principal cause of death and related causes of importance were as follows:

Cardio vascular Syphilis — Date of onset 1914?
Aortic Aneurism — 12/6/34
Rupture of Aneurism

Other contributory causes of importance:

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Rubel M. D.
(Address) 501 Professional Bldg

F 07300 ✓ F 07300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St., 11-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Wesley Jones

(a) Residence: No. 603 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert Co Md

NAME Joseph J Jones

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Julia Forster

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Rosie Lee

(Address) 405 Priestman St

BURIAL, CREMATION, OR REMOVAL

Place Patuxent Calvert Co Md Date Dec 12 19 34

UNDERTAKER Thomas E. Kelson

(Address) 1303 Priestman St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ....., 19 ..... Death is said to have occurred on the date stated above, at 3.00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortitis	
Other contributory causes of importance: Lobar Pneumonia	

Name of operation ..... Date of No

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) D P Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park

F 07301

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07301

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 810 Peach Alley. St., 23-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Thom. Isaac Foots. (C)

(a) Residence: No. 810 Peach Alley. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, HUSBAND of Maggie Foots. (C)

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	----	----	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

9. NAME Abraham Foots. (C)

10. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

11. MAIDEN NAME Ann Nabcy Green. (C)

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

INFORMANT Olevia Foots. (C)
(Address) 551 Oxford St.

BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem. Date 12/11/34.

UNDERTAKER Walter B. Smith
(Address) 139 N. Stricker St.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 6, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart	

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

12/8/34 (Address) 1017 E. Charles St.

F 07302

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07302

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 5303 Liberty Hts Ave 28-01 Ward)

gth of residence in city or town where death occurred 7 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Solomon Rider

(a) Residence: No. 5303 Liberty Hts Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Lottie May Rider

ATE OF BIRTH (month, day, year) Dec. 13 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
8. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) Berlin
(State or country) Germany

13. NAME Moses Rider
14. BIRTHPLACE (city or town) Germany
(State or country)
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) Germany
(State or country)

NFORMANT Mr. Roy F. Herb
(Address) 5303 Liberty Hts Ave

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Dec 11 1934

UNDERTAKER Wm Pickrue Sons
(Address) North & Eutaw Sts.

FILED DEC 11 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1933 to Dec 9 1934
I last saw h[illegible] alive on Dec 9 1934 Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Disease	1 yr
Other contributory causes of importance. Gastritis	1 yr

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place No.
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. G. Gerard M. D.
(Address) 1701 Eutaw Pl

D. B. 15[illegible]

F 07303

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07303

CERTIFICATE OF DEATH

92-001

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3410 Piedmont Ave St., 15-01 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

2. FULL NAME Joseph Timothy Walsh

(a) Residence No. 3410 Piedmont Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 12-1895

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
39	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME David C. Walsh
14. BIRTHPLACE (city or town) (State or country) Balto. Md
15. MAIDEN NAME Johanna O'Sullivan
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Miss Helen Walsh
(Address) 3410 Piedmont Ave.
18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Dec 12, 1934
19. UNDERTAKER Wm J. Dufener & Sons
(Address) Baltimore Md
20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1934 to Dec 10, 1934
I last saw him alive on Dec 9, 1934 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Bronchitis	Nov 1933
Other contributory causes of importance:	
Ch. Valvular Heart Disease.	1933

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Jane Brown M. D.
(Address) 1663 W. North Ave.

D. P. 1268 F 07304 ✓ F 07304

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. ~~.....~~ Redwood St. Greene St., H-01 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Roberta Stewart

(a) Residence: ~~No.~~ Severn, Md. ~~St.~~, ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of Joseph Newton Stewart

DATE OF BIRTH (month, day, year) Oct 6 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home
10. Date deceased last worked at this occupation (month and year) 12-9-34
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (city or town) (State or country) Severn Md
13. NAME Andrew J. Phelps
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Laura R. Clark
16. BIRTHPLACE (city or town) (State or country) Severn Md.
17. INFORMANT Joseph N. Stewart
(Address) Severn

BURIAL, CREMATION, OR REMOVAL
Place Fairview Cem Date Dec 12 34
UNDERTAKER Wm Pickrodt & Son
(Address) Edmondson Ave
FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9 1934
22. I HEREBY CERTIFY, That I attended deceased from 12-9 1934 to 12-9 1934
I last saw h[illegible] alive on 12-9 1934 Death is said to have occurred on the date stated above, at 6 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12-9

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? None
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [illegible] M. D.
(Address) University Hospital

D. B. 1268-9

F 07305

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07305

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 10-01 Ward)

Length of residence in city or town where death occurred 76 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Annie Jane Banks

(a) Residence: No. 2228 E. Fayette St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of William M. Banks

DATE OF BIRTH (month, day, year) Sept. 22 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife #7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William H. Garish

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Kate McGee

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date Dec 11th 1939

UNDERTAKER John Leavitt

(Address) 2228 E. Fayette St.

..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 4, 1939 to Dec. 8, 1939

I last saw her alive on Dec 8, 1939. Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis } prin. cause	
Chronic Myocarditis }	Nov. 4, 1939
Bronchopneumonia	12-5-39

Other contributory causes of importance:

Fractured left shoulder	Dec. 1, 1939
Cerebral Hemorrhage	11-7-1939

Name of operation None Date of

Was there confirmation diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify,

(Signed) Wade Elliott Babcock M. D.

(Address) Md. General Hospital.

D. B. 1268-9

F 07306

93119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07306

CERTIFICATE OF DEATH

122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 8-W (Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ada Kettell

(a) Residence: No. 1219 N Ellwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ralph

DATE OF BIRTH (month, day, year) 12-3-1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
24	23		6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Frederick Wallace

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Zulauf

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 12 1934

UNDERTAKER John Wentz & Sons
(Address) 2108 Eastern

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1934 to Dec 9, 1934

I last saw her alive on Dec 9, 1934 Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction, partial lower ileum.	12-4-34

Other contributory causes of importance: symptoms for 2 yrs. Post-operative, pelvic adhesions for right ovarian cyst. Chest showings color- [illegible] Subphrenic Gastrectomy Date of 11-30-34

Name of operation

What test confirmed diagnosis? P.M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. H. Brennemann M. D.

(Address) Johns Hopkins Hospital

07307 ✓ F 07307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 16-el Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roosevelt Marlin

(a) Residence: No. 1411 Mosher St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 9, 1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME James McFall

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Mary E. Martin

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Daisy Gross (Grd mother)

(Address) 1411 Mosher

BURIAL, CREMATION, OR REMOVAL

Place Mt. Glon Date 12/12, 1934

UNDERTAKER Lord W. Grace & Son

(Address) 638 N. Gilmor

FEB 11 1934

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1934, to 12-7, 1934

I last saw him alive on 12-7, 1934. Death is said to have occurred on the date stated above, at 6:43 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia (Primary)	12 2 34

Other contributory causes of importance:

Name of operation Laparotomy Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Geo McDonald, M. D.

(Address) Provident Hosp

D. P. 1269-9

✓ F 07308

07308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 Dukeland St. 16-01 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis A. Rand,

(a) Residence: No. 610 Dukeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Moorehead Rand,

6. DATE OF BIRTH (month, day, year) April 4, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Credit Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McDowell & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Louis Rand,

14. BIRTHPLACE (city or town) (State or country) Philadelphia Penna.

15. MAIDEN NAME Margaret J. Crudden,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Mary Moorehead Rand,

(Address) 610 Dukeland St

18. BURIAL, CREMATION, OR REMOVAL DEC 12 1934

Place Loudon Park Date , 19

19. UNDERTAKER Geo N Little

(Address) 2700 Edmondson Ave.

FILED DEC 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1933, to Dec 9th, 1934

I last saw him alive on Dec 9th, 1934. Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Muscular Atrophy	
Et Antec. tropus Lateral Sclerosis.	
Other contributory causes of importance:	
General Paralysis	
Et Cardiac Sclerosis	

Name of operation no Date of

What test confirmed diagnosis? General Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of Injury no , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place no

Manner of Injury no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Herbert E. Zapp M. D.

(Address) 3048 W. North Ave

F 07309

07309

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2424 Ethuing ad St., 13 Ward)

2-FULL NAME Mary A. Fridy

(a) RESIDENCE NO. 2424 Ethuing St. 13 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F.	C.	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter.

DATE OF BIRTH (month, day, and year) 1885

AGE	Years	Months	Days	IF LESS than 1 day hr. or min.
	49			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) Md

10 NAME OF FATHER Henry Hayward

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Md

12 MAIDEN NAME OF MOTHER Mary L. Stuart

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Md

Informant Mary L. Campher

(Address) Belvedere West Court Apt.

Filed 12-11 1934 Registered

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-8 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, and from information received from Attending Physician (autopsy or inquiry) I find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Chas. H. Norris, M. D.

12/10 1934 (Address) 2632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt. Claburn Cem	12/13 1934
20 UNDERTAKER Bernard O. Kennedy	ADDRESS 818 Light St

D. B. 1268-9

07310 HEALTH DEPARTMENT—CITY OF BALTIMORE 07310

CERTIFICATE OF DEATH

94-001
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3616 Grindhaus St., 12-04 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 75-2-3

2. FULL NAME Mary Anni Thayer

(a) Residence: No. 3616 Grindhaus St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Gustaves Thayer

DATE OF BIRTH (month, day, year) Oct-5-1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
8. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Born in Boston Massachusetts

13. NAME Mr Lauman

14. BIRTHPLACE (city or town) (State or country) Born Boston Massachusetts

15. MAIDEN NAME Could not ascertain

16. BIRTHPLACE (city or town) (State or country) Born Boston Massachusetts

INFORMANT Mrs Ida G Douglas (Friend)
(Address) 3616 Grindhaus Ave

BURIAL, CREMATION, OR REMOVAL
Place Randolph-Hills Date Dec 12 1934

UNDERTAKER Stewart & Co.
(Address) 108 W Monk Ave.

DEC 11 1934 Thomas J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 8th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1934 to Dec. 8 1934
I last saw h alive on Dec 8 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Dec 4.
Angina Pectoris	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Jefferson Brack M. D.
(Address) 5 Club Rd Balto. Md

D. B. 1268-9

07311 HEALTH DEPARTMENT—CITY OF BALTIMORE 07311

CERTIFICATE OF DEATH

126

PLACE OF DEATH Union Memorial Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4-at Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. Charles Gordon Dentry

(a) Residence: No. 800 Pen Lucy Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Charles G. Dentry

DATE OF BIRTH (month, day, year) Nov. 23, 1863

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	0	19 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repairer of China

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year) Dec. 1934

11. Total time (years) spent in this occupation 5-0

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Dr. Henry W. Dentry

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Stewart

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Charles G. Dentry

(Address) 800 Pen Lucy Ave.

BURIAL, CREMATION, OR REMOVAL

Place St. Johns Lemmon Long 4 mon Date Dec 12 34 19...

UNDERTAKER Stewart & Mowen Co.

(Address) 102 W. North Avenue

FILED 1 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 - 3 P.M. 1934 to Dec. 10, 1934

I last saw him alive on Dec. 10, 1934 Death is said to have occurred on the date stated above, at 7 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Gall - Bladder with Peritonitis - Chemical	12-8-34
Operative Shock	12-10-34

H. Coroner J. Mowen

Other contributory causes of importance:

Cholecystitis and Cholelithiasis	? Yes.

Name of operation Laparotomy - Drainage Date of 12-10-34

What test confirmed diagnosis? → Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Garis, M. D.

(Address) Union Memorial Hosp.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

(7312 (7312

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Homewood Ave., St. 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Allie May (Gilbert) Hollifield

(a) Residence: No. 2011 Homewood Ave., Balto., Md. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Francis Hollifield

DATE OF BIRTH (month, day, year): Jan. 30, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	11 10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In her own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Churchville, Harford County, Md.

13. NAME: Nicholas B. Gilbert

14. BIRTHPLACE (city or town) (State or country): Harford County Md.

15. MAIDEN NAME: Catherine Wills

16. BIRTHPLACE (city or town) (State or country): Harford County, Md.

INFORMANT: Frances Hollifield

(Address): 2011 Homewood Ave., Baltimore, Md.

BURIAL, ~~CREMATION, OR REMOVAL~~

Place: Parkwood Cemetery Date: Dec. 12, 1934

UNDERTAKER: Stewart & Mowen Company

(Address): 1024 North Ave. Balto. Md.

FILED DEC 11 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1934 to December 9, 1934

I last saw her alive on December 9, 1934. Death is said to have occurred on the date stated above, at 10:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the tail of the pancreas with metastases in liver and mesenteric glands.	Known 1 yr.

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. L. Williamson, M. D.

(Address) 5713 Belair Rd., Balto., Md.

A. L. Wilkinson, M. D.

D. B. 1203-9

07313 HEALTH DEPARTMENT—CITY OF BALTIMORE 07313

CERTIFICATE OF DEATH

157-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1819 E. Fairmount ave 6-01 Ward)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

. FULL NAME Sheila Ely.

(a) Residence: No. 1819 E Fairmount ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 13 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Nathan Ely

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME Ruth Myers

16. BIRTHPLACE (city or town) (State or country) Balto md.

INFORMANT Nathan Ely

(Address) 1819 Fairmount ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross-Mt Carmel Date Dec 11 1934

UNDERTAKER J. Lemmon Bro

(Address) 427 E. Baltimore St.

FILED . 19 Registrar.

DEC 11 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/1/34 19 to 12/11 1934

I last saw her alive on 12/11 1934 Death is said to have occurred on the date stated above, at 5 4 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
patent foramen ovale.

Date of onset

Other contributory causes of importance:

La Grippe

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj Jaslow M. D.

(Address) 2178 N. Forest Park Ave

D. F. T-07314 T-07314

934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ruby C. Smith

(a) Residence: No. Derwood Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6/30/34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5 1/2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Willard Smith

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Blanch Ware

16. BIRTHPLACE (city or town) (State or country) W Va

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Rockland County Md. Date Dec 12, 1934

UNDERTAKER Roy W Barber

(Address) Hagerstown Md

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1934 to Dec 10, 1934

I last saw h[illegible] alive on Dec 10, 1934 Death is said to have occurred on the date stated above, at 9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Status thymicolymphaticus	—
Other contributory causes of importance: Pulmonary tuberculosis	appr. 11-15-34

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis D Schweitzer M. D.

(Address) Johns Hopkins Hosp

F 07315

F 07315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Th.) 36-01 Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? 53 yrs. mos. ds.

2. FULL NAME Stanislaus Nitka (James S. Nitka)

(a) Residence: No. 6014 Eastern ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Frances

DATE OF BIRTH (month, day, year) Nov 6 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

12. NAME Walter Nitka

13. BIRTHPLACE (city or town) (State or country) Poland

14. MAIDEN NAME Katherine ?

15. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Dec 13 19 34

UNDERTAKER Martin W. C. Deppel
(Address) 375 Ann St.

FILED ..... 19 ..... Registrar

11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9 19 34

22. I HEREBY CERTIFY, That I attended deceased from August 21 19 34 to December 9 19 34

I last saw him alive on December 9 19 34 Death is said to have occurred on the date stated above, at 10:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

07316 HEALTH DEPARTMENT—CITY OF BALTIMORE 07316

X 131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene Sts. 4-61 Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Diehl, Laura V.

(a) Residence: No. Monkton, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND (or) WIFE of Samuel A. Diehl

DATE OF BIRTH (month, day, year) Aug 2-1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norrisdale Harford Co Md

12. NAME OF FATHER Chas. S Bell

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME OF MOTHER Sarah D Snowden

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mrs. Mary Fenton

(Address) Monkton Md

BURIAL, CREMATION, OR REMOVAL Place Evergreen Mortuary Date 12/13/34

UNDERTAKER P. Mayhew & Son

(Address) White Hall Md

FILED DEC 11 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/11 . 19 34

22. I HEREBY CERTIFY, That I attended deceased from 12-7 . 1934 . to 12-11 . 1934

I last saw her alive on 12-11 . 1934 Death is said to have occurred on the date stated above, at 2:35 a.m.

The principal cause of death and related causes of importance were as follows:

Subarachnoid hemorrhage — Date of onset 12-7-34

Other contributory causes of importance:

Hypertensive cardiovascular disease with nephritis — Date of onset over —

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Farr M. D.

(Address) University Hospital

D. B 126 F 07317

F 07317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/86-001

Registered No. 25-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 13 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Tripplet

(a) Residence: No. Lansdowne, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ernest Tripplet

7. DATE OF BIRTH (month, day, year) Oct. 30-1865.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	1	11 10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph Griesheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie ---

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Martha Hunt

(Address) Lansdowne, Md.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 13 1934

UNDERTAKER J. E. Elmer & Sons Mfd

(Address) Westminster

FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 10 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on Inquiry, 19... Death is said to have occurred on the date stated above, at 10.45 m. P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hyperstatic Pneumonia	Dec. 3 1934.
Other contributory causes of importance: Fracture of right femur	

Name of operation ... Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 24 1934

Where did injury occur? Lansdowne, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down steps

Nature of injury Fracture of right femur

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph L. Vallandingham M. D. Coroner

(Address) 16 South Broadway

F 07318 King F 07318

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals 3-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William King

(a) Residence: No. 31 S Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

DATE OF BIRTH (month, day, year) July 20 ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia ?

13. NAME

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Jane King

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Friends
(Address) East City Hosp

BURIAL, CREMATION, OR REMOVAL Pl. Auburn Cemetery Date 12/13/ 1934

UNDERTAKER Robert L. Young
(Address) 804 N. Caroline St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1934 to Dec 10, 1934

I last saw h[illegible] alive on Dec 10, 1934. Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	7 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Phagan M. D.

(Address) East City Hosp

H. D. P. 1268-9

07319

F 07319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-901

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 721 Mosher Ave St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara A. Engle (Clara A. Engel)

(a) Residence: No. 721 Mosher Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frederick A. C. Engle

DATE OF BIRTH (month, day, year) 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME of Father Wm. S. Knowles

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME of Mother Not ?

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Wm. Knowles

(Address) 4001

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Co. Date Dec. 11- 34

UNDERTAKER Margaret E. Flynn

(Address) 1417 Light St

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/34

22. I HEREBY CERTIFY, That I attended deceased from 9/24/ 1934 to 12/9/34

I last saw h[illegible] alive on 12/9/34 Death is said to have occurred on the date stated above, at 11:00 P.M.

The principal cause of death and related causes of importance were as follows:

Thrombosis Pulmonary Embolism

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Lee Dixon M. D.

(Address) 721 Mosher Ave.

D. B. 1268-9

F 07320

07320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2109 Barclay St. 12-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T Hogan

(a) Residence: No. 2109 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alberta Smith

DATE OF BIRTH (month, day, year) 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 09

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Record Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John T Hogan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Kate O Keefe

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Alberta Smith Hogan

(Address) 2109 Barclay St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date Dec 12 1937

UNDERTAKER Thos W Wakefield

(Address) 5015 22nd St

FILED 1937 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1937 to Dec 9, 1937.

I last saw h alive on Dec 8, 1937 Death is said to have occurred on the date stated above, at 9:15 A. m.

The principal cause of death and related causes of importance were as follows:

Hemi Block — Date of onset

Other contributory causes of importance: Myocarditis — Date of onset

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Chas Smith M. D.

(Address) 4706 Harford Road

D. P. 1265-9

F 07321

7321 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH XV46

Registered No. 12-81

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital, Baltimore, Ward)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Tryon

(a) Residence: No. 25 South St., New York, N. Y. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of --

DATE OF BIRTH (month, day, year) January 1, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. A B Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping

10. Date deceased last worked at this occupation (month and year) November 17, 1934

11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (city or town) (State or country) Manistee, Michigan

13. NAME Louis Tryon

14. BIRTHPLACE (city or town) (State or country) Oshkosh, Wisc.

15. MAIDEN NAME Anna Martin

16. BIRTHPLACE (city or town) (State or country) Manistee, Mich.

INFORMANT U.S. Marine Hospital Records

(Address) Baltimore, Maryland.

17. BURIAL, CREMATION, OR REMOVAL

Place St Mary's County Date Dec 11, 1934

UNDERTAKER E. Leroy Stiffler Inc.

(Address) 125 E. North Ave

FILED 12-11-1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1934 to December 8, 1934

I last saw him alive on December 8, 1934. Death is said to have occurred on the date stated above, at 4:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, metastatic, of inguinal and retro peritoneal glands -	12-1933
Other contributory causes of importance: Cyst, air, multiple, of lungs	unknown

Name of operation Excision of specimen Date of 11-30-34

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. M. Townsend M. D.

(Address) U.S. Marine Hospital, Balto. Md.

F 07322

C. D. F. 1268-9

07322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 134

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W-C1 Ward)

Length of residence in city or town where death occurred yrs. mos. 20 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Raymond Burdette

(a) Residence: No. Mt. Airy, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Fannie Burdette

DATE OF BIRTH (month, day, year) 1892-8-17

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11/34

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Montgomery Co. Md.

13. NAME George Burdette.

14. BIRTHPLACE (city or town) (State or country) Montgomery Co. Maryland

15. MAIDEN NAME Sarah E. Watters

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland.

INFORMANT Mrs. Fannie Burdette.
(Address) Mt. Airy, Md.

BURIAL, CREMATION, OR REMOVAL
Place Montgomery Co. Date Dec. 13. 1934

UNDERTAKER C. M. Watts
(Address) Ijamsville, Md.

FILED Dec 13 1934 Registrar.

11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1934 to Dec. 11, 1934

I last saw him alive on Dec. 11, 1934 Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	11/11
Other contributory causes of importance: Chronic Nephritis	1930
	over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Herbert Goldstein M. D.

(Address) University Hospital.

F 07323

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7323

CERTIFICATE OF DEATH

✓ 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 Penrose Ave St., 70-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip M Hunter

(a) Residence: No. 1807 Penrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Julia A Hunter

DATE OF BIRTH (month, day, year): Nov 16 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87		24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Daniel Hunter

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary A Turpel

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Mrs Julia A Hunter

(Address) 807 Penrose Ave

BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cemetery 12/12 19 34

UNDERTAKER: Geo A Farley

(Address) Fulton Ave & Lafayette

FILED 12/12 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/1 1934 to 12/10 1934

I last saw h[illegible] alive on 12/7 1934 Death is said to have occurred on the date stated above, at 8[illegible] a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	20 min
Other contributory causes of importance: Chronic Myocarditis	20 yrs.
Senility —	
Arteriosclerosis	

Name of operation ——— Date of ———

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G Calvert [illegible] M. D.

(Address) 4 N. Fulton Ave.

M. D. B. 1269-9

07324 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07324

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Mount St. 14-01 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Soldan

(a) Residence: No. 102 S. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara W. Soldan (nee Langdon)

6. DATE OF BIRTH (month, day, year) Feb 22nd 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	16 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 083

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

13. NAME Gerhart Soldan

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bittle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clarence Soldan

(Address) 110 Symington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12 | 12 | 34

19. UNDERTAKER H. O. Weber & Son

(Address) 2503 Edmondson Ave

20. FILED DEC 11 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934 to Dec 9, 1934

that I saw him alive on Dec 9, 1934 Death is said to have occurred on the date stated above, at 7 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?
Mitral Insufficiency	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Ethel Hemming M. D.

(Address) 2000 Eutaw Pl

H. D. B. 1268-9

F 07325

07325 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 Edmondson Ave St. 30-C Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Schlichenmaier

(a) Residence: No. 2435 Edmondson Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Elizabeth Schlichenmaier

DATE OF BIRTH (month, day, year) July 30th 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
68	66	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. York Ice Mach. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Pa

13. NAME David Schlichenmaier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Sharp

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Elizabeth Schlichenmaier
(Address) 2435 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 12/13/34

19. UNDERTAKER Geo. Weber Son
(Address) 2502 Edmondson Ave

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1934 to Dec 10 1934.

I last saw him alive on Dec 10 1934. Death is said to have occurred on the date stated above, at 3-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Thrombosis	Nov. 17, 1934
Pulmonary Edema	
Myocardial Failure	Dec 10, 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ralph E. Hills M. D.

(Address) 16 E Eager St Baltimore Md

D. B. 1268-9

F 07326

HEALTH DEPARTMENT—CITY OF BALTIMORE

7326

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 19-21 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Geo Parham

(a) Residence: No. 427 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Amelia Parham

6. DATE OF BIRTH (month, day, year) Nov 7-1888

7. AGE Years 46 Months 9 Days 2 If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 01

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Amelia Parham

(Address) 427 N. Gilmor

18. BURIAL, CREMATION, OR REMOVAL

Place Newport News, Va. Date Dec 17, 1934

19. UNDERTAKER Mr Katie R. Williams

(Address) 222 N. Schroeder St

20. FILED DEC 11 1934, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9th 34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

last saw h..... alive on Dec 9th 34. Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Decubitus	

Other contributory causes of importance:

Name of operation ..... Date of ..... 19 .....

What test confirmed diagnosis ..... Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Glick M. D.

(Address) Hospital

D. B. 1268-9

17327

F 07327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 931 Bennet Place Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Hill

(a) Residence: No. 931 Bennet Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	white	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Hill

DATE OF BIRTH (month, day, year) Aug 12 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Hiel

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs Emma Hill

(Address) 931 Bennett Place

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 12, 1934

UNDERTAKER Jos Loudens & Son

(Address) 1217 E. Pacaso.

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1934 to Dec. 10, 1934

I last saw him alive on Dec. 9, 1934 Death is said to have occurred on the date stated above, at 9 15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Arterio-sclerosis	
Other contributory causes of importance:	
Uremia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj O McCleary M. D.

(Address) 430 W Payson St

M. D. B. 1268-9

F 07328

7328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 S. East ave St. 76-1 Ward)

Length of residence in city or town where death occurred Fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Stokes

(a) Residence: No. 609 S. East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph B. Stokes) Husband

DATE OF BIRTH (month, day, year) April 9. 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75.	7. 8	27. 6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Benjamin Crist

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Christina Snyder.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary Mack

(Address) 868 Eaton st.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn. Date Dec 13, 1934

19. UNDERTAKER Worrall & Harpel

(Address) 300 N. Eutaw St.

20. FILED ....., 19.... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 9 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1934 to Dec 9 1934

I last saw h[illegible] alive on Dec 9. 1934 Death is said to have occurred on the date stated above, at 2 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchio Pneumonia	

Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein M. D.

(Address) 733 Aisquith St

r—12-9-25—A Co.—200 Bks.

M F 07329

HEALTH DEPARTMENT—CITY OF BALTIMORE

7329

CERTIFICATE OF DEATH.

X 210-002

REGISTERED NO.

1-PLACE OF DEATH

y of BALTIMORE: (No. L. Balto. Hospital St. 24-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME William J. Lampe

(a) RESIDENCE NO. Lakeshore, Md. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred ~~2~~ yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Auto hit was driving collided with a truck upset 12/10/34 Maintenance Rd nr Angus Ave

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, and year) Dec 6, 1908

GE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	26		5	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Electrician's Helper

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer A. Steiner

IRTHPLACE (city or town) Balto. Md

(State or country)

10 NAME OF FATHER Martin R. F. Lampe

11 BIRTHPLACE OF FATHER (city or town)

(State or country) New Bedford Mass

12 MAIDEN NAME OF MOTHER Ida E. Wilder

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Balto. Md

Informant Martin R. F. Lampe

(Address) Lakeshore Md

1934 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Automobile Accident

(duration) yrs. mos. ds.

(Signed) Joseph Sokony M. D.

(Coroner)

, 19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. ds. In the state yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Leakin Hill Cem Date of Burial Dec 14, 1934

20 UNDERTAKER A. Howard Evans ADDRESS 38 E Fort Ave

F. D. P. 1268-9

(Theodore Clay) F 07330

07330

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1173 D. N. Ave St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Theodore Clay

(a) Residence: No. 1173 D. N. Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Clay

DATE OF BIRTH (month, day, year) 1878

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Annapolis Md

13. NAME Henry Clay

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mrs. Tolson

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Fannie Clay

(Address) 1173 D. N. Ave

BURIAL, CREMATION, OR REMOVAL

Place Libertytown Md. Date Dec. 12, 1934

UNDERTAKER Jesse M. Riddard

(Address) 436 N. Biddle St.

FILED 12-14-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/9/34

22. I HEREBY CERTIFY, That I attended deceased from 11/14/34 to 12/9/34

I last saw him alive on 12/8/34 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	11/14/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) 724 Mond. Ave M. D.

(Address)

H. D. B. 1268-9

John Deas F 07331

HEALTH DEPARTMENT—CITY OF BALTIMORE

7331

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Luai Hospital St. 2-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME John Deas

(a) Residence: No. 1720 Thames St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) abt 1875

AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
59	—	—	—

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Greece

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

INFORMANT Athan Pagonis

(Address) 211-S Broadway

BURIAL, CREMATION, OR REMOVAL.

Place Woodlawn Date Dec 15, 1931

UNDERTAKER Geo. E. Rath Sons

(Address) 1430 Hanover St.

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1931

22. I HEREBY CERTIFY, That I attended deceased from October 9, 1931, to Dec. 9, 1931

I last saw h.. alive on Dec. 9, 1931. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of spinal cord	17 June 1931
Cachexia	

Other contributory causes of importance:

Name of operation Laminectomy Date of 10/22/31

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in Industry, In home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so specify .....

(Signed) Samuel Weiman, M. D.

(Address) Luai Hospital

F. D. B. 1268-9

F 07332

HEALTH DEPARTMENT—CITY OF BALTIMORE

07332

CERTIFICATE OF DEATH

51

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7-01 Ward)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Henry Amick

(a) Residence: No. 2038 E. North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 9/22/1851

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	83	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm. Amick

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mariah Amick

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Samuel J. Hyman

(Address) 2038 E. North ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/12/34 19

UNDERTAKER Leo J. Roth Inc

(Address) 1733 Harlem Ave Baltimore

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Dec 9 1934

I last saw him alive on Dec 4 1934 Death is said to have occurred on the date stated above, at 11:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the bladder	
Cachexia	

Other contributory causes of importance: DOW

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wilfred K. Kniesberg M. D.

(Address) Sinai Hospital

H. D. P. 1268-9

(Cluster)

F 07333

HEALTH DEPARTMENT—CITY OF BALTIMORE

7333

CERTIFICATE OF DEATH

V 31

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.

CITY OF BALTIMORE: (No. 1213 Light St. St., 23 Ward.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Cluster

(a) Residence: No. 1308 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: WIFE of / HUSBAND of — Single

DATE OF BIRTH (month, day, year) May 1 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46		7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emerson Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Jersey City

13. NAME James G. Cluster

14. BIRTHPLACE (city or town) (State or country) Albany N. Y.

15. MAIDEN NAME Mary Courtney

16. BIRTHPLACE (city or town) (State or country) Jersey City

INFORMANT James Cluster
(Address) 1308 S. Hanover St

BURIAL, CREMATION, OR REMOVAL
Place Baltotem Date Dec 13 . 1934

UNDERTAKER Geo G. Lorck
(Address) 1723 N. Patt Park Ave

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 . 1934 to Dec. 10 . 1934.

I last saw him alive on Dec. 10 . 1934 Death is said to have occurred on the date stated above, at 12:37 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary Hemorrhage following surgical operation	
Other contributory causes of importance: Lobar pneumonia	over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James G. Kelly M. D.

(Address) 1213 Light St

. D. B. 1268-9

F 07334

7334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp St., 11-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev Hugh Lenox Hodge

(a) Residence: No. 210 West Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Fannie Beetle Hodge

7. DATE OF BIRTH (month, day, year) May 25 - 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clergyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. First Presbyterian

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mouch Chunk Pa

13. NAME John Aspinwall Hodge

14. BIRTHPLACE (city or town) (State or country) Phila Pa

15. MAIDEN NAME Charlotte Morse

16. BIRTHPLACE (city or town) (State or country) New York

17. INFORMANT Mrs. H. L. Hodge

(Address) 210 W Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date Dec 13 1934

19. UNDERTAKER Henry H Jenkins Son Co

(Address) Cathedral & Eutaw Sts

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-22 1934 to 12-11 1934

I last saw h.IM alive on 12-11 1934 Death is said to have occurred on the date stated above, at 130 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Resection of the Sigmoid for Intestinal obstruction with ulceration of Sigmoid	10/23/34
Multiple pulmonary Emboli	12-4-34

Other contributory causes of importance:

Name of operation Resection of Sigmoid Date of 10-23-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hanson M. D.

(Address) Union Memorial Hospital

D. P. 1268-8

F 07335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-001
Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-21 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Shuler

(a) Residence: No. 2924 Glenmore St., 21st Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/15/70

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63	11	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa —

13. NAME of Father John Shuler

14. BIRTHPLACE (city or town) (State or country) Pa —

15. MAIDEN NAME of Mother Esther Kelsen

16. BIRTHPLACE (city or town) (State or country) Pa —

17. INFORMANT Records —
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Dec 13 1934
Place York Co.

19. UNDERTAKER Paul N. Hartenstein
(Address) New Freedom, Pa.

FILED ..... 19..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 8/1932 to Dec 11 1934
I last saw him alive on December 11 1934 Death is said to have occurred on the date stated above, at 9 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage, Nasal, Operative	Dec 11/34
Other contributory causes of importance: Polyneuritis, alcoholic	

Name of operation Nasal Ethmoid and Sphenoid Date of Dec 11/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify
(Signed) Francis Walsh M. D.
(Address) Johns Hopkins Hospital.

H. D. P. 1268-9

F 07336

07336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 46

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland. St. 12-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roy Harberson

(a) Residence: No. 318 Louisiana St., Malvern, Ark. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

DATE OF BIRTH (month, day, year) March 17, 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11-7-1934

11. Total time (years) spent in this occupation unknown

BIRTHPLACE (city or town) (State or country) Tulsa, Oklahoma

13. NAME John Harberson

14. BIRTHPLACE (city or town) (State or country) Texas

15. MAIDEN NAME Nona Sims

16. BIRTHPLACE (city or town) (State or country) Hot Springs, Ark.

INFORMANT (Address) U. S. Marine Hospital Records Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL Malvern, Arkansas Dec 11, 1934
Date

UNDERTAKER E. Leroy Stiffler Co.
(Address) 126 E North Ave.

FILED 11 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 9, 1934 to December 10, 1934

I last saw him alive on December 10, 1934 Death is said to have occurred on the date stated above, at 4:50p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma, type undetermined, of retro peritoneal glands	7-1934

Other contributory causes of importance:

None

Name of operation Excision of spec. Date of 12-7-34

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) E. W. Townsend M. D.

(Address) U. S. Marine Hospital, Balto. Md.

D. H. 1268-9

F 07337

07337 HEALTH DEPARTMENT—CITY OF BALTIMORE

48

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Aisquith St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Parthina V. Rinkerd

(a) Residence: No. 3016 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob J Rinkard

DATE OF BIRTH (month, day, year) July 24-1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Thomas Lewis

14. BIRTHPLACE (city or town) (State or country) City Va

15. MAIDEN NAME Sarah Elliott

16. BIRTHPLACE (city or town) (State or country) City Va

INFORMANT Emma Rinkard

(Address) 3016 Aisquith

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/12/34

UNDERTAKER Leonard Boyle

(Address) 1305 Eastern Ave

FILED 12/13/34, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-9 1934

22. I HEREBY CERTIFY, That I attended deceased from April 8 1934 to Dec 9 1934

I last saw her alive on Dec 8 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Ex haustion
Toxaemia

Date of onset

Other contributory causes of importance:

Carcinoma (Breast)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jane Emmert M. D.

12/11/34 (Address) 4 802 Hampden Ave

D. R. 1268-0

F 07338

7338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5508 Morrello Rd. St., 27-01 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick T Sullivan

(a) Residence: No. 5508 Morrello Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anna A. Colgan Sullivan

DATE OF BIRTH (month, day, year) May 22, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Office Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov't

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Timothy Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Hanora Mahoney

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patrick T. Sullivan
(Address) 5508 Morrello Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 12-12, 1934

19. UNDERTAKER Leonard J. Mark.
(Address) 5305 Harford Rd.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 39 to Dec 10, 1934

I last saw h[illegible] alive on Dec 10, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder,	2 yrs ago
uremia	about 4 days

Other contributory causes of importance:

Pneumonia	4 days

Name of operation Date of

What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. H. Fowler, M. D.

(Address) 2002 E. Fayette

M. D. F 1269-8

F 07339 ✓ F 07339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 26-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Frederick Thomas

(a) Residence: No. 502 S Haven St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma (dead)

7. DATE OF BIRTH (month, day, year) Dec 25, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagon Driver Baugh'll Packing Co

10. Date deceased last worked at this occupation (month and year) Oct 1931

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Thomas

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina Kuntz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Friend

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec 14 1937

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED , 19 .m. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937 to Dec. 10, 1937

I last saw him alive on Dec 10 1937 Death is said to have occurred on the date stated above, at 2 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Nephritis arteriosclerotic (Chronic)	?
b Intestinal	?
c Broncho pneumonia	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Thazel, M. D.

(Address) Balt. City Hosp.

M. D. P. 1268 F 07340 Odelia Bain ✓ F 07340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6001 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Odila Bain or Bayne

(a) Residence: No. 1909 N. Chanyln Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Wht	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas C Bain (Bayne)

7. DATE OF BIRTH (month, day, year) Aug 9, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Stanton Co Blackstone
(State or country) Virginia

13. NAME William J Godwin

14. BIRTHPLACE (city or town) Va
(State or country)

15. MAIDEN NAME Jennie Burnett

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Rel Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date Dec 13th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6 1934 to Dec 10 1934
I last saw her alive on Dec 10 1934 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) T Prague M. D.

(Address) Balt City Hosp

D. B. 1265

F 07341

F 07341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3214 Belair Road St., 8-01 Ward)

Length of residence in city or town where death occurred 1/4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie A. Rule

(a) Residence: No. 3214 Belair Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Amey L. Rule

DATE OF BIRTH (month, day, year) April 9, 1887

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
47	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Robert M. Eiserhart

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Bessie B Collins

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs Bessie Eiserhart

(Address) 3214 Belair Road

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 14 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11. 3:30 a m 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1934 to Dec 11th. 1934

I last saw h[illegible] alive on Dec. 10, 1934. Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Bronchitis	1 year

Other contributory causes of importance:

Cardiac Dilatation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Walter W. Whiteford M. D.

(Address) 2800 St Paul St

F 07342

F 07342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3237 Elliott st St. 2-6-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Kaszak

(a) Residence: No. 3237 Elliott Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Theodore Kaszak

DATE OF BIRTH (month, day, year) October- 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Galicja, Poland

13. NAME Pete Busko

14. BIRTHPLACE (city or town) (State or country) Galicja, Poland

15. MAIDEN NAME Maryanna ?

16. BIRTHPLACE (city or town) (State or country) Galicja, Poland

17. INFORMANT Theodore Kaszak
(Address) 3237 Elliott Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Cem. Date Dec 14th. 1934

19. UNDERTAKER Henry A Weber
(Address) 705 S Ann street

20. FILED Dec 12 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 11th. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1934 to Dec. 11, 1934

I last saw her alive on Dec. 11, 1934 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	
Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Nowakowski M. D.

(Address) 2579 Eastern Ave.

F 07343

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07343

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4012 Fern hill Ave St., 15-01 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Feike

(a) Residence: No. 4012 Fernhill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Apolonia Feike.

DATE OF BIRTH (month, day, year) February 3 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Mrs Feike

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary M. Gambrecht

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Apolonia Feike.

(Address) 4012 Fernhill Ave

BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cem. Dec 13 1934

UNDERTAKER Henry Ford Sons, Inc

(Address) 1301 E Fayette St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/2 1934 to 12/10 1934

I last saw him alive on 12/10 1934 Death is said to have occurred on the date stated above, at 6:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/27/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Symptoms Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Eggleston M. D.

(Address) 3005 Greenmount Ave

M. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE 07344

07344

CERTIFICATE OF DEATH

93-003

Registered No. .....

1. PLACE OF DEATH ~~Baltimore~~ Maryland [illegible] Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., [illegible] Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hyman Tannenbaum.

(a) Residence: No. 2212 Hope St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Lena Tannenbaum

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME H Tannenbaum

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Lena Tannenbaum
(Address) 2212 Hope St.

18. BURIAL, CREMATION, OR REMOVAL Edward Reynolds Date 12/12/34 19

19. UNDERTAKER Jack Lewis Inc
(Address) 1439 E Baltimore

FILED 12 1934 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12-34

22. I HEREBY CERTIFY, That I attended deceased from 12-7-34, 19..... to 12-12-34 19.....

I last saw h.i.m. alive on 12-11, 19.34. Death is said to have occurred on the date stated above, at 2:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12-11-34
Hypertension	1919
Cerebral Hemorrhage	12-12-34

Other contributory causes of importance:

Uremia	12-7-34
Cerebral Hemorrhage	12-12-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? H C Taylor

If so, specify .....

(Signed) Nat Gen Hosp M. D.

(Address) .....

M. D. B. 1268-9

F 07345

F 07345

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

LA-3226
DR. CHIDECKEL

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 37 N. Streeper St., 6-01 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tobe Berman

(a) Residence: No. 37 N Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Benj Berman

7. DATE OF BIRTH (month, day, year) 1847

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Ester Rosenberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Abraham Berman (Son)

(Address) 2422 Francis St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Wardale Date 12-12-, 1934

19. UNDERTAKER Jack Weiss Inc

(Address) 1421-941 E Saratoga St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11-34, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1934 to Dec 11 1934

I last saw h[illegible] alive on Dec 11 1934. Death is said to have occurred on the date stated above, at 5 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diseased Heart	2 yrs ago

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible] specify

(Signed) M. Chidecker, M. D.

(Address) 2222 Linden Ave

07346

HEALTH DEPARTMENT—CITY OF BALTIMORE 07346

CERTIFICATE OF DEATH

108
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1432 Light St 23-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia B Christopher
(a) Residence: No. 1432 Light St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. B Christopher
DATE OF BIRTH (month, day, year) Aug 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md
13. NAME David Hurley
14. BIRTHPLACE (city or town) (State or country) Kent Co Md
15. MAIDEN NAME Jane Pusey
16. BIRTHPLACE (city or town) (State or country) Kent Co Md
17. INFORMANT Clayton Christopher
(Address) 1268 Bonnieside Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 13, 1934
19. UNDERTAKER Howard Evans
(Address) 22 E Fort Ave

FILED 19 Registrar
DEC 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 11 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 10/34 19 to Dec 11/34 19
I last saw him alive on Dec 11/34 19 Death is said to have occurred on the date stated above, at 1230 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Double)	Dec 9/34
	Unknown

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) John H. Brooks M. D.
(Address) 1203 Light St Baltimore

M. D. B. 1268-0

07347

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07347

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1113 Scott St St. 21-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Schmuck

(a) Residence: No. 1113 Scott St. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Barnhard Schmuck

DATE OF BIRTH (month, day, year) Dec 3 - 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	0	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Ruther

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Barnhard Schmuck

(Address) 1113 Scott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Dec. 14 1934

19. UNDERTAKER Towell & Byers Inc

(Address) 2324 Edmondson Ave

FILED DEC 12 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10/34. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1/34. 19. to Dec. 10/34. 19

I last saw her alive on Dec. 10/34. 19 Death is said to have occurred on the date stated above, at 11/57 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Paranchymatous Nephritis.	Unknown
Other contributory causes of importance:	
Acute Uraemic Poisoning.	2 Days.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Walter Schmuck M. D.

(Address) 933 Hanover

M. D. R. 1268-0

F 07348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3640 Malden St., 13-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie L. Bassler

(a) Residence: No. 3640 Malden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Andrew H. Bassler

6. DATE OF BIRTH (month, day, year) March 4 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

13. NAME Henry Hochsmith

14. BIRTHPLACE (city or town) Balto (State or country) Md

15. MAIDEN NAME Theresa Markel

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Andrew H. Bassler

(Address) 3640 Malden St

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cemetery Date Dec. 12. 1934 19

Place

19. UNDERTAKER HENRY SANDER & SONS, INC.

(Address) Baltimore & Broadway.

20. FILED DEC 13 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Dec 10 1934

I last saw h. alive on Dec 9 1934 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Primary Thrombosis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph E. Nurkin M. D.

(Address) 249 Reisterstown Rd.

D. B. 1268-9

07349 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 07349

CERTIFICATE OF DEATH

97 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry C. Hamburg

(a) Residence: No. 514 W. Mulberry St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 22-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	18/10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Hamburg

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rebecca Warfield

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Maude J. Pearl

(Address) 1935 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 12/13 . 1934

19. UNDERTAKER Howard N. Bligh Jr.

(Address) 1418 W. Fayette St.

20. FILED DEC 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10- . 1934

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Eugene Zeller M. D.

(Address) 739 Eastern Ave. (Coroner)

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07350

07350

CERTIFICATE OF DEATH

X95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Johnson

(a) Residence: No. 385 Fillen Road St., Ward. Towson Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	Col	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Not given

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not given Md

13. NAME Not given

14. BIRTHPLACE (city or town) (State or country) Not given

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) (State or country) Not given

17. INFORMANT Dau Johnson

(Address) 385 Hillen Rd Towson

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Retreat Date 12-12 1934

19. UNDERTAKER Asst Francis H Wright

(Address) 1218 E Eldersly St

20. FILED 19 Registrar.

DEC 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-4- 1934 to 12-10- 1934

I last saw her alive on 12-10-34 19 Death is said to have occurred on the date stated above, at 9 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
Acute Rheumatic Fever	11-25-34
Cardiac Hypertrophy	
Sub ac. Bacterial Endocarditis	

Other contributory causes of importance:

Name of operation Lat Date of

What test confirmed diagnosis? . Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. H. H. Bates M. D.

(Address) Provident Hosp.

F 07351

M. D. F. 1958-9

F 07351

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2600 Strathmore St., 27-20 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Morton Stubbs

(a) Residence: No. 2600 Strathmore Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Mary Stubbs

6. DATE OF BIRTH (month, day, year): Jan 29-1878

7. AGE: Years 56 | Months 10 | Days 11 | If LESS than 1 day, ...hrs. or ...min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Artist for Sun.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Albert M Stubbs

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Sarah Hughes

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Florence Mary Stubbs
(Address) 2600 Strathmore Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Cem. Date: 13 Dec 1934

19. UNDERTAKER: Joseph Lyser
(Address) 1600 N. Howard Ave

20. FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1934 to 12/10/34, 19... I, last saw h... alive on 12/10 1934 Death is said to have occurred on the date stated above, at 11-40 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (Infect.) — Date of onset ...

Other contributory causes of importance: Embolism (Brain)

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Talbert M. D.

(Address) 5103 Harford Rd

M. D. F 07352

F 07352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 N Spring St. 5-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lauvin Smith

(a) Residence: No. 629 N Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Essie Beverly

(Address) 417 N. Eden St

Baker & Cook

[illegible] OR REMOVAL

Place Calvert County Md Date 12/13, 19 34

19. UNDERTAKER Mrs Chas H. Bayley

(Address) 1721 Jefferson St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 19 34 to Dec 10, 19 34

I last saw her alive on Dec 10, 19 34. Death is said to have occurred on the date stated above, at 3 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemoplegia	Dec 5 1934
Other contributory causes of importance:	
Chronic Nephritis	Dec 1 1934

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. B. F-9 F 07353

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07353

CERTIFICATE OF DEATH

✓131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1312 Holbrook St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael C. Murphy

(a) Residence: No. 1312 Holbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mable Murphy

7. DATE OF BIRTH (month, day, year) Jan. 19, 1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 74.	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Mary Brown

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles F. Murphy

(Address) 3105 Wisteria Ave.

18. BURIAL, CREMATION, OR REMOVAL Greenwood Date Dec. 13, 1934

19. UNDERTAKER Martin L. Gorsuch

(Address) 1102 Forrest Ave

20. FILED Dec 12 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934 to Dec 11, 1934

I last saw h[illegible] alive on Dec 10, 1934 Death is said to have occurred on the date stated above, at. 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemic Coma	1934
Chr. Nephritis (Interstit)	?
Other contributory causes of importance:	
Secondary Anemia	1926
Chr. Arthritis, Wrists, Shoulders)	?

Name of operation None Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. R. Geraghty, M. D.

(Address) 2225 N. Paca St

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07354 | F 07354 | 93-001

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Union Memorial Hospital St., 25 Ward 21

2-FULL NAME Richard B. Haberkorn

(a) RESIDENCE NO. 3721-5th (Usual place of abode) Brooklyn Baltimore Ward

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? 65 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M.	W	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Haberkorn

6 DATE OF BIRTH (month, day, and year) Aug 28-65

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	69	3	12	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Foreman
(b) General nature of industry, business, or establishment which employed (or employer) Chemical Plant
(c) Name of employer

9 BIRTHPLACE (city or town) Germany
(State or country)

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mrs. H. Haberkorn (Address) 3721-5th Ave Brooklyn City

15 Filed _____, 19__ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10- 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows: Acute Myocarditis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____ M. D.

12/11, 1934 (Address) 3672 Roland Ave

*(State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Cedar Hill Cemetery	12/14/34 19
20 UNDERTAKER John T. Ennis Sons Inc.	ADDRESS 2218 Eutaw Pl

M. D. B. 1268-0

07355 F 07355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 W Cross St. 21-C Ward)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME LOUISA Bucheimer

(a) Residence: No. 1303 W Cross St., 21 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F | 4. Color or Race: Wht | 5. Single, Married, ~~Widowed~~ or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of JOHN G. BUCHEIMER

6. DATE OF BIRTH (month, day, year) JAN 11 1874

7. AGE: Years 60 | Months 10 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Ernst Wildmann

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Catherine Crohan

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John G. Bucheimer
(Address) 1303 W Cross St

18. BURIAL, CREMATION, OR REMOVAL: Western Place Date 12/12/34 19...

19. UNDERTAKER: Geo. H. Lembach
(Address) 1131 Hollins St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 9, 1932 to Dec 9, 1934

I last saw her alive on Dec. 9, 1934 Death is said to have occurred on the date stated above, at 2:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis	1932
coronary occlusion	12/9/34

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? no aut Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) George A. Kripp M. D.

(Address) 3630 Edmondson Ave

M. D. P. 1268-9

F 07356

07356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

5-01

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2115 Frederick Ave St. ..... Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Kammermeyer

(a) Residence: No. 2115 Frederick Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
~~HUSBAND~~ of
(or) WIFE of Sigmund Kammermeyer

6. DATE OF BIRTH (month, day, year) July 5, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Brendel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Mattingly
(Address) 2017 (e) Keeler Ave Balto

18. BURIAL, CREMATION, OR REMOVAL
Place Nat. Redeemer Date 12/13, 1934

19. UNDERTAKER J B Wippert & Son
(Address) 1300 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9/10/34, 19.. to 12/10/34, 19.. I last saw her alive on 12/9/34, 19.. Death is said to have occurred on the date stated above, at 11 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage — left —	2 days.
Other contributory causes of importance: Chronic myocarditis & hypertension	10 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) A Palos M.D. M. D.

(Address) 4 N. Fulton

H. D. P. 1268-9

F 07357

07357 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 20-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ruder

(a) Residence: No. 2013 Wilkens ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo Ruder

6. DATE OF BIRTH (month, day, year): Feb 1st 1860

7. AGE: Years 74 | Months 1 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME OF FATHER: Joseph Grossmann

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME OF MOTHER: Margaret Shuman

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Mrs Nettie E. Emrich

(Address) 2013 Wilkens ave

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Date 12/13/34

19. UNDERTAKER: F. S. Wisehart & Son

(Address) 1300 Eutaw Place

20. FILED 1934 ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1934 to Dec. 10, 1934

I last saw her alive on Dec. 10, 1934 Death is said to have occurred on the date stated above, at 2 40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes mellitus	?
Diabetic gangrene of foot & toe	11/10/34
Toxemia	11/22/34
Pulmonary congestion	prob. on admission
Senility	—

Other contributory causes of importance:

Myocarditis	P
Hemiplegia left side	may 1931
auricular fibrillation	frequent intermission

Name of operation ..... Date of .....

What test confirmed diagnosis? Sub clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Carl C Parker M. D.

(Address) St Agnes Hosp

M. D. B. 1268-9

F 07358

07358 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3307 Cardenas Ave. St., 8-O Ward)

Length of residence in city or town where death occurred 31 yrs. 2 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian A. Schmalbach

(a) Residence: No. 3307 Cardenas Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard H. Schmalbach

DATE OF BIRTH (month, day, year) Oct. 5, 1903.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Edward C. Cobabe

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Margaret Hammann

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Howard H. Schmalbach

(Address) 3307 Cardenas Ave.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Pk. Mausoleum Date Dec. 12, 19 34

19. UNDERTAKER Harry E. Whitfield

(Address) 4101 Reisterstown Rd.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9, 1934

I HEREBY CERTIFY, That I attended deceased from Oct 7, 1931 to Dec 9, 1934

I last saw her alive on Dec 9, 1934. Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic	1931
Sarcoma, ovaries, acute	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Franklin S. Eden, M. D.

(Address) 3726 Erdman Road

H. D. P. 1768-9

7359

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 7359

CERTIFICATE OF DEATH

✓ 164-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 N. Milton Ave St., 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard T. Simmons

(a) Residence: No. 1731 N. Milton Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Caroline Wagner Simmons

DATE OF BIRTH (month, day, year) June 1/1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roofing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Frank G. Simmons

14. BIRTHPLACE (city or town) (State or country) Maruland

15. MAIDEN NAME Sarah M Waddell

16. BIRTHPLACE (city or town) (State or country) Mar: land

INFORMANT Mrs Caroline j. Simmons

(Address) 3237 Elsley Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date Dec. 12 1934

UNDERTAKER Harry H Witzke

(Address) 4101 Edmondson Ave

FILED 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 9/34 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at before 6 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Poisoning	Dec 9/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicid Date of injury Dec 9/34

Where did injury occur? Baltimore Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in residence kitchen

Manner of injury Seated by gas range with

Nature of injury coat over head & burner

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

Coroner

(Address) [illegible]

F. D. B. 1268-9

F 07360

07360 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Garonsky

(a) Residence: No. 2038 Walbrook Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis

DATE OF BIRTH (month, day, year) 8 30

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Wm Berlin

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sam Garonsky

(Address) 4009 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rosedale Date Dec 12. 1934

19. UNDERTAKER J. L. Levinson & Bro

(Address) 1127 E Baltimore St

20. FILED 2-1934 ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Dec 11 1934

I last saw her alive on Dec 11 1934 Death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Leukemia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Arthur C. Kalisch M. D.

(Address) Sinai Hosp.

M. D. F. 1208-9

07361 F 07361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 122-001

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 (Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. / ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George E. Sapp.

(a) Residence: No. Hampstead Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 6-1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56 3	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen Engrg Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles H. Sapp.

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary E. Ashe

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs C. Edw Kipley

(Address) 2019 E Lanvale Balto

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 12/13 1934

19. UNDERTAKER Edw C Tipton

(Address) Hampstead Md.

20. FILED 12-14-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/10/34. 19

22. I HEREBY CERTIFY, That I attended deceased from 12/10/34 19 to 12/10/34 19

I last saw him alive on 12/10/34 19 . Death is said to have occurred on the date stated above, at 8:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Umbilical Hernia	
Respiratory Failure	

Other contributory causes of importance:

Pneumonia	

Name of operation Herniaplasty Date of Injury

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hugh B. McNally M. D.

(Address) University Hospital

B. D. B. 1268-2

F 07362

07362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Emma Leese

(a) Residence: No. Millers, Md. St., Millers Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Leese

6. DATE OF BIRTH (month, day, year) Mar. 18, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Emma Bollinger

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Minnie German

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr Charles Leese

(Address) Millers, Md.

18. BURIAL, CREMATION, OR REMOVAL Pa.

Place Blacks Rock, Date Dec 14, 1937

19. UNDERTAKER Edw. G. Tipton

(Address) Hampstead, Md.

19a. FILED ..... 19.... ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1937 to Dec 11, 1937

I last saw h[illegible] alive on Dec 11, 1937 Death is said to have occurred on the date stated above, at 7:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post operative shock	12/11/37
Diffuse suppurative peritonitis	
Acute " appendicitis	12/6

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 12/11/37

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lawrason Brown M. D.

(Address) University Hospital.

1034

B. D. F. 17584

E 07363

07363

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 Edmondson Ave., 70-61 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Roselyn Mantler.

(a) Residence: No. 2621 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) March 15 - 1919

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Elmer Mantler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Mary Florence Donnelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Mary F. Mantler

(Address) 2621 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem. Date 12/13, 1934

19. UNDERTAKER Geo. F. Oran Son

(Address) 40 Baltimore St

12/14/1934 Registrar. Copy

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) December 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 19, 1934 to December 9, 1934

I last saw her alive on December 8, 1934 Death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	12-1-34
Other contributory causes of importance:	
Influenza	10-19-34
Pleurisy	10-19-34

Name of operation none Date of —

What test confirmed diagnosis? B.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Roland, M. D.

(Address) 2532 Edmondson Ave.

Spec.—2-29-28—L. F. S.—500 Blks.

07364 F 07364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

10.8

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 426 Colvin ST. 5-01 WARD)

2—FULL NAME Saverio Curreri

(a) RESIDENCE NO. 426 Colvin St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Mall	white	married

6 If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Serafina Curreri

DATE OF BIRTH (month, day, and year) July 27-1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	4	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Salvatore Curreri

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Rosa Liberto

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Mrs. Serafina Curreri

(Address) 426 Colvin St

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 10-1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934, to Dec 10, 1934

that I last saw him alive on Dec 10, 1934

and that death occurred, on the date stated above, at 10-14 8 m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY Exhaustion

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi S. Di Stefano M. D.

Dec 11, 1934 (Address) 407 E. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Most Holy Redeemer Cem.	Dec 13 1934
20 UNDERTAKER	ADDRESS
George Pugh Inc.	1235 Hanford Ave.

M. D. P. 1268-9

F 07365

HEALTH DEPARTMENT—CITY OF BALTIMORE

07365
293384

CERTIFICATE OF DEATH

51

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 76-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARIANO Mariano Pasceo

(a) Residence: No. 3221 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Pusso

DATE OF BIRTH (month, day, year) 8/31/79

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	12 11	X X

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

13. NAME Paul Pasceo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Angela Beatrice

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Dec 15 1934

19. UNDERTAKER George Rife & Son

(Address) 1732 Eastfield Ave.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1934, to Dec 12, 1934

I last saw h[illegible] alive on Dec 12, 1934. Death is said to have occurred on the date stated above, at 5 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia, r lower	12/9/34
Uremia	12/9
	"
	"
Other contributory causes of importance:	"
Cancer of bladder	?
Hemorrhage from bladder	12/1/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Walter W. Dapen M. D.

(Address) Johns Hopkins Hosp.

M. D. P. 1268-9

F 07366

7366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ x 99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 4A Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Osborne

(a) Residence: No. St., Ward. Frederick Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hallie M. Pettingall

6. DATE OF BIRTH (month, day, year) Mar 2 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, year) Oct

11. Total time (years) spent in this occupation 7 yrs.

12. BIRTHPLACE (city or town) (State or country) Loyd Hill Va.

13. NAME Maurice Osborne.

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Alberta Pancoast.

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Hallie Osborne.

(Address) Edgewater Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Hurst Cem. Date Dec 14 1934

Sykesville Md.

19. UNDERTAKER Powell & Slaughter

(Address) Woodstock Md.

20. FILED 12-14-34

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 27 1934 to Dec. 12 1934

last saw him alive on 12-12 1934 Death is said to have occurred on the date stated above, at 2:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	
Gangrene of both feet	
Thrombosis of both femoral arteries	
Infarcts in lungs kidneys & brain	

(Other contributory causes of importance)

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) H. T. Langeluttig M. D.

(Address) Univ. Hosp.

M. D. B. 1268-9

F 07367

07367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 N. Lyndhurst St. 72-21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David W. Engleman,

(a) Residence: No. 506 N. Lyndhurst St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen E. Engleman,

6. DATE OF BIRTH (month, day, year) January 20. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME David P. Engleman,

14. BIRTHPLACE (city or town) (State or country) Westminster Md.

MOTHER

15. MAIDEN NAME Cecelia Dell,

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

17. INFORMANT Charles S. Engleman
(Address) 506 N. Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL DEC 14 1934
Place Western Date 19

19. UNDERTAKER Geo H Little
(Address) 2700 Edmondson Ave

20. FILED 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 11 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 19 to Dec. 11, 1934 19

I last saw him alive on Dec. 11, 1934 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance: Arterio-sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benjamin O. McClenny M. D.

(Address) 400 Cathedral St

M. D. R. 1268-9

F 07368

07368 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-001

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3617 Elm Ave St. 13-01 (Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Mitchell

(a) Residence: No. 3617 Elm Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles E. Mitchell

6. DATE OF BIRTH (month, day, year): Nov 2, 1872

7. AGE: Years: 62 | Months: 1 | Days: 9 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): md

13. NAME: John Martin

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME: Martha E Martin

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Charles E. Mitchell
(Address) 3617 Elm Ave

18. BURIAL, CREMATION, OR REMOVAL
Forest Ridge Date Dec 13. 1934

19. UNDERTAKER: Chenoweth & Son
(Address) 3615-17 Edmondson Ave

20a. FILED ... 19... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3. 1934 to Dec 11. 1934

I last saw h... alive on Dec 9. 1934 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis apoplexia	Dec 4

Other contributory causes of importance: Previous attack 6 wks before

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) ... M. D.

(Address) ...

0—M. & T.—100 B—50L

07369

F 07369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

CITY OF BALTIMORE: (No. 3919 Welkens Ave. 10-01 WARD)

2-FULL NAME Ellen C Dixon Little Sisters of the Poor

(a) RESIDENCE NO 1200 Valley st ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of John Dixon

DATE OF BIRTH (month, day, and year) Dec 8 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78		3	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Benj. Sedwick

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Rebecca A Wady

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Mother Superior

(Address) 3919 Welkens Ave

Filed ..... 192 ..... Registrar

1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 11 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to h... death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage Dec 11-34 (duration) yrs. mos. da.

CONTRIBUTORY (Secondary) Arterio-Sclerosis (duration) yrs. mos. da.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Inquest

(Signed) Joseph L. Valentine Coroner, M. D.

, 19 (Address) Dec 12-34 16 S Broadway

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem

DATE OF BURIAL 12/13/34

20 UNDERTAKER Frye & Farley Fulton & Fayette

ADDRESS

For.—10-10-29—A Co.—100 Blks.

F 07370

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07370

CERTIFICATE OF DEATH

140

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 3805 Roland ave St., 13-9 Ward)

2-FULL NAME Alma M. Eberhart

(a) RESIDENCE NO. 2706 Winchester st St., Ward X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
F.	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 22-1911

7 AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	23	1	18.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Telephone Operator
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

10 NAME OF FATHER Wm Eberhart

11 BIRTHPLACE OF FATHER (city or town) Washington D.C
(State or country)

12 MAIDEN NAME OF MOTHER Theresa Tilley

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

Informant Mrs Theresa Eberhart
(Address) 2706 Winchester Balto

Registrar

C 131934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-10 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, autopsy or inquiry.)
thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
General Sepsis
Following Abortion
(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What tests confirmed diagnosis?

(Signed) Chas Hosmer M. D.
12/12 1934 (Address) 3632 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mount Olivet Cemetery — DATE OF BURIAL Dec. 13 1934

20 UNDERTAKER George L. Lehnert — ADDRESS 1101 Bank St.

M. D. F 07371

F 07371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals St., 15-01 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah Anderson

(a) Residence: No. 1837 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Dead)

6. DATE OF BIRTH (month, day, year) Jan 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

PARENTS

13. NAME Cephas Thompson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Annie Lowber

(Address) 838 N. 15th St Phila Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date Dec 13, 1934

19. UNDERTAKER Thomas E. Kelly

(Address) 1303 Presstman St

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 9, 1934

22. I HEREBY CERTIFY, That I Attended deceased from November 24, 1934 to Dec. 9, 1934

I last saw h[illegible] alive on Dec 9, 1934 Death is said to have occurred on the date stated above, at 10:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy & effusion	?
Etiology ?	
Bronchopneumonia	Term

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Balt City Hosp

M. D. B 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07372

CERTIFICATE OF DEATH

94-007 F 07372

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sunai Hospital St. 27-61 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Buxbaum

(a) Residence: No. 3501 Ingleside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emanuel

DATE OF BIRTH (month, day, year) 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
-62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

13. NAME Elija Rosenburg

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Sarah Silverburg

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Emanuel Buxbaum

(Address) 3501 Ingleside Ave

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Lint Date Dec 13 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Arteriosclerosis

Hypothyrodism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Oct 12 Coroner M. D.

(Address) 5066 Imst Ave

M. D. B. 1268-9 F07373 ✓ F07373

29320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 2-01 Ward)

Length of residence in city or town where death occurred 1yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Tillman

(a) Residence: No. 1033 S-Chapel St., St — Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE — Years | Months: 9 | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md —

13. NAME Stewart-Tillman

14. BIRTHPLACE (city or town) (State or country): Va —

15. MAIDEN NAME Lucile Madison

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT Records —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Date Dec 13 19 34

19. UNDERTAKER Allen W Henderson

(Address) 1202 E Monument St

20. FILED Dec 13 1934 by [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934 to Dec 11, 1934

I last saw he alive on Dec 11, 1934 Death is said to have occurred on the date stated above, at 5-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (B. Influenza)	11-24-34

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas L Schwentker M. D.

(Address) Johns Hopkins Hospital

M. D. File No. F 07374

F 07374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) University Hospital St. 15-01 (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Katherine T. Rout

(a) Residence: No. 3410 Alto Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed or divorced~~ (or) WIFE of Leonard G. Rout

6. DATE OF BIRTH (month, day, year) May 11th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Fluharty

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rebecca Z.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Leonard G. Rout

(Address) 3410 Alto Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 14th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 13 1934 H. C. Hall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8 1934 to Dec 12 1934

I last saw her alive on Dec 12 1934 Death is said to have occurred on the date stated above, at 7 45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bile ducts primary, + metastatic Carcinoma of liver, and retroperitoneal nodes and Pancreas

Date of onset Aug 1

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of Oct. 18 1934

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. E. Bingham Jr. M. D.

(Address) University Hospital

M. D. B. 1965-9

F 07375

F 07375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. or Ward) 15-01

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Dingle

(a) Residence: No. 1827 Chilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane A. Dingle

6. DATE OF BIRTH (month, day, year) Dec 6 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57		5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Dingle

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Mary A. Hemmersbach

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Fortieth Date 12/15 1934

19. UNDERTAKER (Address)

FILED 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1934 to Dec 12 1934

I last saw h alive on Dec 12 1934 Death is said to have occurred on the date stated above, at 2 35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, arteriosclerotic	2 yrs
Hypertension	?

Other contributory causes of importance:

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hazell M. D.

(Address) Balt City Hosp

M. D. B 1268-9

F 07376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07376

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 3-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Vincenzo Ajello

(a) Residence: No. 112 S Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ajello

DATE OF BIRTH (month, day, year) Nov. 11. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	0	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Balto

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Francisco Ajello

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Josephine Ajello

(Address) 9607 - 3rd Ave Corona NY

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 14 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Dec 13 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 1305 N Fulton Ave

M. D. B. 1265

F 07377

✓ F 07377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-0015

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stanislaw Belkowski (Stanislaw BELKOWSKI)

(a) Residence: No. 219 S. Ann St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katharine Belkowski

6. DATE OF BIRTH (month, day, year): Mar. 28-1857

7. AGE: Years 77; Months 8; Days 12; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Adolph Belkowski

(Address) 437 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: 12/14 19 34

19. UNDERTAKER: William Fialkowski

(Address) 1618 Eastern Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 19 34 to Dec 10, 19 34

I last saw h. alive on Dec 10, 19 34 Death is said to have occurred on the date stated above, at 5 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	3 days

Other contributory causes of importance:

Inguinal hernia	7

Name of operation ..... Date of .....

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Wiseman, M. D.

(Address) Sinai Hospital

M. D. No. F 07378 ✓ F 07378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp St. 6-01 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luke Russell

(a) Residence: No. 1830 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa

6. DATE OF BIRTH (month, day, year) June 27, 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (do)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Julia Boyd

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Regnds (Address) East. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary cem Date 12-14 1937

19. UNDERTAKER Brown Thomas & Wright (Address) 2111 Pine & Liberty Sts

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10. 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27. 1937 to Dec 10 1937

I last saw him alive on Dec 10 1937 Death is said to have occurred on the date stated above, at 10:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Myocardial Insufficiency & failure	1 yr.
Hypertensive arteriosclerotic (chronic)	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) East. City Hosp.

M. D. F 1[illegible] F 07379 ✓ F 07379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 E. 29th St., 9-01 Ward)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Mary P. Kidd

(a) Residence: No. 1824 E. 29 th St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry T. Kidd

7. DATE OF BIRTH (month, day, year) Nov 28/1855

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	0	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 637

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME August Ohle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmena Typee

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Rice

(Address) 1824 E. 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 14 1934

19. UNDERTAKER Leonard J. Peruch & Co

(Address) 6305 Harford Av

20. FILED Dec 14 1934 [illegible] Registrar

E 13353

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7.50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Dec 11/34
(Cause undetermined)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Monument

M. D. P. 1569-1

F 07380

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07380

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Smith nee Downey

(a) Residence: No. 1844 W. Saratoga St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of John A. Smith

7. DATE OF BIRTH (month, day, year) Apr 12 1885

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm. L. Downey

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Mary A. Brunning

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Jos A. Smith

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 15 1934

19. UNDERTAKER Thomas J. Kyle

(Address) 5305 Harford Rd

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1934

22. I HEREBY CERTIFY, That I attended deceased from November 27 1934 to Dec 11 1934

I last saw her alive on Dec 11 1934 Death is said to have occurred on the date stated above, at 11 51 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Carbuncle back of neck -	
Renal & Perirenal abscess right	
Chronic & acute nephritis.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Simon L Kerzner, M. D.

(Address) St Agnes Hosp.

M. D. B. 12-39 F 07381

F 07381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1303 E. Monument St. Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosetta Johnson

(a) Residence: No. 1303 E. Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	c	married

6a. If married, widowed, or divorced (or) WIFE of William Johnson

6. DATE OF BIRTH (month, day, year) 3-20-'86

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Aquilla Brown

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Betsy Richardson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT William Johnson
(Address) 1303 E. Monument St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date Dec 10th 1939

19. UNDERTAKER Mrs. Robert A. Elliott
(Address) 1129 Caroline St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-7-39, 19... to 12-10-39, 19...

I last saw her alive on 12-8-39, 19... Death is said to have occurred on the date stated above, bet. 2 AM + 8 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	
Chronic myocarditis	6/39

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Hayes Thomas M. D.

(Address) 1500 E. Madison St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07382

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Byron E. Meek

(a) Residence: No. 5240 Sheridan Dr. St., ... Ward. Chicago Ill

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Latorsea Lambert

6. DATE OF BIRTH (month, day, year) 8/17/64

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mo

FATHER

13. NAME Philander Meek

14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER

15. MAIDEN NAME Cora Cooke

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Records JOHNS HOPKINS HOSPITAL

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Detroit Mich Date Dec. 13, 1934

19. UNDERTAKER John D. Mitchell & Sons

(Address) 900 Eutaw Place

DEC 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1934 to Dec 11, 1934

I last saw him alive on Dec 11, 1934. Death is said to have occurred on the date stated above, at 6-20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Kidney, Left	
C Pulmonary Metastases	4 Mos?

Other contributory causes of importance:

Myocardial failure

Terminal Bronchopneumonia

Name of operation Nephrectomy, Left Date of 12-5-34

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

07383

HEALTH DEPARTMENT—CITY OF BALTIMORE

07383

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Samuel Gaskins Wilmer

(a) Residence: No. 107 Longwood Road, Roland Park St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Evelyn Westlake

6. DATE OF BIRTH (month, day, year): Dec 3. 1857

7. AGE: Years 77 | Months — | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Wm. J. Wilmer

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Sarah J. Gaskins

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mabel K. Darrington

(Address) 2815 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Date: Dec 12. 1934

19. UNDERTAKER: John Cuttichett & Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12 - 11 , 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 , 1934 to Dec 11 , 1934

I last saw him alive on Dec 11 , 1934 Death is said to have occurred on the date stated above, at 4.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	12-7-34
Diabetic Coma	12-7-34
Diabetis Mellitus	1929

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles A Corley Jr. M. D.

(Address) Union Memorial Hosp.

M. D. P. 1268-9

John Latkowski

F 07384

F 07384 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 South Chester St St., 1-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Latkowski

(a) Residence: No. 509 South Chester Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of - - -
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12th/1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O'D

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Michael Latkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Suzanna ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Rose Latkowski (Sister)
(Address) 509 S Chester Street

18. BURIAL, CREMATION, OR REMOVAL
Place St, Stanislaus Date Dec 14th 1934

19. UNDERTAKER George A Weber
(Address) 705 S Ann street

DEC 13 1934

Examined by ... Registrar ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 12th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1934 to December 12, 1934

I last saw him alive on December 11, 1934. Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Pulmonary Tuberculosis

Myocardial Insufficiency

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

21. Was disease or Injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Andrew Tarasowski, M. D.

(Address) 2357 Eastern ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07385

CERTIFICATE OF DEATH

F 07385

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 S. Kenwood Ave. 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Rosa B. Burmeister

(a) Residence: No. 627 S. Kenwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Burmeister

6. DATE OF BIRTH (month, day, year) Nov 27 - 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	53	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Fred. Reinhold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mr. Bernard E. Burmeister (Husband)

(Address) 627 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

St. Paul's 5th Ref. Cem. Dec. 13 1934

Place Date

19. UNDERTAKER HENRY SANDER & SONS, INC. H. Sander

(Address) Baltimore & Broadway.

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1934 to Dec 10 1934

I last saw her alive on Dec 10 1934. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Feller M. D.

(Address) 2039 Eastern Ave

M. D. B. 1268-9

07386 HEALTH DEPARTMENT—CITY OF BALTIMORE D 07386

CERTIFICATE OF DEATH

V 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. St., 49-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Mead

(a) Residence: No. 420 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard (dead)

6. DATE OF BIRTH (month, day, year) March 25, ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Michael Tilden

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Amanda Tabby

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) East. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Cem. Date Dec. 14, 34

19. UNDERTAKER HENRY SANDER & SON, INC. (Address) Baltimore & Broadway

20. FILED DEC 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11. 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29. 1937 to Dec 11. 1934

I last saw her alive on Dec 11. 1934 Death is said to have occurred on the date stated above, at 6 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis general	?
Gangrene of legs, Arteriosclerotic	2 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magruder, M. D.

(Address) East City Hosp.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7387 F 07387

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6303 Brookline St. 27-81 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Betz

(a) Residence: No. 6303 Brookline St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Betz

6. DATE OF BIRTH (month, day, year) Apr 21 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Capt Fire Dept

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 22 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Betz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Robt C. Betz

(Address) 1710 N Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date Dec 14. 1934

19. UNDERTAKER John Ulrich & Sons

(Address) 2005 Eutaw Pl

20. FILED 19..

Registrar.

DEC 13 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12. 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-27 1934 to 12-10 1934

I last saw him alive on 12-10 1934 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Uncertain
Arteriosclerosis	"
Senility	"

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Bracken M. D.

(Address) 6304 Belair Rd.

M. D. B. 1708-9

07388

HEALTH DEPARTMENT—CITY OF BALTIMORE

07388

95-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1547 Abbotston St., 9-01 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Denker

(a) Residence: No. 1547 Abbotston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman Denker

6. DATE OF BIRTH (month, day, year) Aug 23 1863

7. AGE: Years 74; Months 3; Days 14 15; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME of father: Conrad Gerhardt

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME of mother: Dorothea

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Henrietta Gross

(Address) 1032 E 30th St

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cemetery Dec 14 1937

19. UNDERTAKER: John Ulrich

(Address) 2008 Aisquith

DEC 13 1937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Dec 9, 1937

I last saw her alive on Dec 8, 1937. Death is said to have occurred on the date stated above, at 12 30 m.

The principal cause of death and related causes of importance were as follows:

Organic Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation: N/W Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N/W If so, specify

(Signed) Fritz J Schnuer M. D.

(Address) 2700 Hoffman St

M. D. P. 1268-9

F 07389 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 07389

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 12-01 St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME E. T. Trenfield (Frederick Thomas)

(a) Residence: No. 1 Howe Wilmington Delaware

(Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mrs Frederick Thos Trenfield

6. DATE OF BIRTH (month, day, year): Nov 1 1873

7. AGE: Years 61 | Months 1 | Days 12 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Household 070

10. Date deceased last worked at this occupation (month and year): Oct '34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): London Eng

13. NAME: Robt Chas Trenfield

14. BIRTHPLACE (city or town) (State or country): Eng

15. MAIDEN NAME: Sarah Andrews

16. BIRTHPLACE (city or town) (State or country): Eng

17. INFORMANT: Patient. E.T. Trenfield

(Address)

18. BURIAL, CREMATION, OR REMOVAL: London Park Dec 14 1934

19. UNDERTAKER: Harry H Sudsiver & Co

(Address) 1 Collins Ave

Dec 13 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 13- 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1934 to Dec 13 1934

last saw h 14 alive on Dec 12 1934 Death is said to have occurred on the date stated above, at 1205 AM

The principal cause of death and related causes of importance were as follows:

Pneumonia. (Bronchial) — Date of onset 12/10/34

Other contributory causes of importance:

Atelectasis Rt lower lobe — 12/9/34 acc. 1934

GASTRIC ULCER

Name of operation: Gastro enterostomy Date of: Dec 8

What test confirmed diagnosis? X Ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) A Yellowlees M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

F 07390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07390

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 Hanover St. St. 23-01 Ward)

Length of residence in city or town where death occurred 50 yrs. 8 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Elliott.

(a) Residence: No. 1120 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced (or) WIFE of Joseph Elliott.

6. DATE OF BIRTH (month, day, year) April 13, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Green.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Susanna Buckley.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Edna Lilly. (daughter)

(Address) 1426 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date Dec 14, 1934

19. UNDERTAKER John A. Mann

(Address) 3000 E. Balto St.

20. FILED ... 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

(Signed) Otto A. Reinhardt, M. D. Coroner

12/11/34 (Address) 1017 E. Charles St.

F 07391

F 07391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave. St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY E. FLYNN

(a) Residence: No. 4301 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph Flynn

6. DATE OF BIRTH (month, day, year) May 7th. 1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Patrick Coleman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Elizabeth Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Kirkleigh Villa
(Address) 4301 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Dec. 14th. 1934

19. UNDERTAKER Chas F. Faust & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED Dec 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 3rd 1934 to Dec 11 1934

I last saw h alive on Dec 11 1934 Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	6 mo
Myocarditis	
Other contributory causes of importance:	
Senility	
Arteriosclerosis	2 yrs

Name of operation none Date of no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Vernon J Hally M. D.

(Address) 708 Donnell Pl.

M. D. F. 1268-9

F 07392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 2-7-01 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathaniel Allen

(a) Residence: No. 5202 Kenilworth ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alice Caskey

6. DATE OF BIRTH (month, day, year): 7/16/80

7. AGE — Years: 54 | Months: 4 | Days: 25 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 079

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ga.

FATHER

13. NAME: Wm. C. Ga

14. BIRTHPLACE (city or town) (State or country): Miss. ~~Unknown~~

MOTHER

15. MAIDEN NAME: Fanny Gamson

16. BIRTHPLACE (city or town) (State or country): Ga. ~~Unknown~~

17. INFORMANT (Address): JOHNS HOPKINS HOSPITAL Bmore Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cemetery Date: 12/13/ 1934

19. UNDERTAKER: E. J. Fanning & Son

(Address): 1438 Eutaw pl

FILED: 12/13/34, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9, 1934, to Dec 11, 1934

I last saw h in alive on Dec 11, 1934 Death is said to have occurred on the date stated above, at 5 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, central nervous system.	1926
Other contributory causes of importance: Uremia	12/2/34

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter W. Baker M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

F 07393

07393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. C. H. & I St., 7-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Julia Novotny

(a) Residence: No. 2300 Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ August Novotny

6. DATE OF BIRTH (month, day, year) Nov. 16-1879.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Michael Habrna

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Habrna

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs. Novotny

(Address) 3130 McElderry St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 15. 1934

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 703 S. Wolfe St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 34

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1934 to Dec. 12, 1934

I last saw her alive on Dec. 12, 1934 Death is said to have occurred on the date stated above, at 11:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Concinoma of Liver, Primary	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Richard V. Hower M. D.

(Address) Church Home & Infirmary

M. D. F 07394

F 07394

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morton Klotzman

(a) Residence: No. 142 E Pratt St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-3-1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jacob Klotzman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Minnie Salat

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry Klotzman

(Address) 1443 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 12-13-34

19. UNDERTAKER Geo. Lodge Sons

(Address) 1437 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 1934 to Dec 13 1934

I last saw him alive on Dec 13 1934 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - bilateral	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leonard D. Abramowitz M. D.

(Address) Sinai Hospital

F 07395

M. D. P. 1268-9

07395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1629 N. Broadway St., 8-01 Ward)

Length of residence in city or town where death occurred 67 yrs. 0 mos. NV ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Frank Batty

(a) Residence: No. 1629 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie M. Wooden Batty

6. DATE OF BIRTH (month, day, year) Nov 26 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	0	NV	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chesapeake Steamship Co 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md Maryland

FATHER

13. NAME Joseph Walker Batty

14. BIRTHPLACE (city or town) (State or country) St Marys Co Md

MOTHER

15. MAIDEN NAME Ann Cecelia Lynch

16. BIRTHPLACE (city or town) (State or country) Shrewsbury Penna

17. INFORMANT Howard A Batty

(Address) 3327 Wiltenbourne Road

18. BURIAL, CREMATION, OR REMOVAL

Druid Ridge cemetery Date Dec 14 1934

19. UNDERTAKER Chas. J. Blake

(Address) 744 W. North ave

Registrar's No. 131834

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11th 1934

22. I HEREBY CERTIFY, That I attended deceased from Jany 15th 1933 to Dec 11th 1934

I last saw him alive on Dec 10 1934 Death is said to have occurred on the date stated above, at 10:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis.	2 yrs.
Chronic Syphilis.	?
Arteriosclerosis.	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Lavrod, M. D.

(Address) 1327 Park Ave

M. D. B. 1268-9

F 07396

07396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 Balto. Gen'l 21-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Major Edward Jiggetts

(a) Residence: No. 1305 Bayard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Jiggetts

6. DATE OF BIRTH (month, day, year) June 24, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Braun & Eisenberg Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 8 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Grandison Jiggetts

14. BIRTHPLACE (city or town) (State or country) Mecklenburg Co Va.

MOTHER

15. MAIDEN NAME Violet Jiggetts

16. BIRTHPLACE (city or town) (State or country) mecklenburg Co Va

17. INFORMANT Emily Jiggetts

(Address) 1305 Bayard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 16, 1934

19. UNDERTAKER Mrs Katie A. Williams

(Address) 322 N. Schroeder Ste.

12634

(File No.) (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1934, to Dec 11, 1934

I last saw him alive on Dec. 11, 1934 Death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Extraction of teeth	Nov, 1934
Cellulitis of face	11/28/34
Meningitis	12/1/34

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. R. 1268-9

F 07397

07397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital (St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cummings, James L. (James L. Cummings)

(a) Residence: No. Sherwood, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lydia Marshall

6. DATE OF BIRTH (month, day, year) June 8, 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co., Md.

FATHER

13. NAME George A. Cummings

14. BIRTHPLACE (city or town) (State or country) Talbot Co, Md.

MOTHER

15. MAIDEN NAME Nettie Duncan

16. BIRTHPLACE (city or town) (State or country) Somerset Co Md

17. INFORMANT Records Marine Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Easton, Md Dec 15 1934

Place Date 19

19. UNDERTAKER Joseph L. Cook

(Address) 1003 N. Eutaw St

20. FILED Dec 16 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1934 to 12-13, 1934

I last saw h[illegible] alive on 12-13, 1934 Death is said to have occurred on the date stated above, at 2.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Unknown

Other contributory causes of importance: Carcinomatous cachexia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. E. Strickland M. D.

(Address) U. S. Marine Hosp

M. D. B. 1268-9

07398 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 07398

CERTIFICATE OF DEATH

XV 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna Catherine Day.

(a) Residence: No. 5806 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of Lawrence J. Day

6. DATE OF BIRTH (month, day, year) October 22, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) York County, Penn.

FATHER

13. NAME William Imbert

14. BIRTHPLACE (city or town) (State or country) York County, Penn.

MOTHER

15. MAIDEN NAME Agnes Gattie

16. BIRTHPLACE (city or town) (State or country) York County, Penn.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Stark Ridge Cemetery Delta Pa Date Dec 15th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 12-13-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 22, 1934 to December 12, 1934

I last saw her alive on December 12, 1934 Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic diffuse Nephritis primary	Nov 22 '34
Acute hemorrhagic nephritis Secondary	Nov 22 '34
Uremia	Dec 7, 1934

Other contributory causes of importance:

Chronic Arteriosclerosis ?	
Chronic Cystitis - prim to	Nov 22, '34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Everett Prevost M. D.

(Address) Md. Gen. Hosp.

M. D. B. 1268-9

07399 E 07399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. Mercy Hospital St., 23-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward L. Rathmiller

(a) Residence: No. 17 W. Osemond St., Ward. Ostend
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Rathmiller

6. DATE OF BIRTH (month, day, year) Nov 4 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 3rd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Fire Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Rathmiller

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Caroline Bachman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary A. Rathmiller
(Address) 17 W Osemond St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/14 1936

19. UNDERTAKER J. Fred McCully
(Address) 1300 E. Fayette St

Huntington T. Williams
Registrar.

20. FILED 12/14/1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Dec 10 1936 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Internally by wall falling on him while on duty as fireman	

Other contributory causes of importance:

While on Duty	

Name of operation none Date of accident

What test confirmed diagnosis? ..... Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/10 1936

Where did injury occur? Eastern Ave & Wilmarco St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of injury Crushed Internally

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify .....

(Signed) James M. Fenlon, M. D.
Coroner

(Address) 700 E. Chase

M. D. B 1268-9

✓ F 07400

07400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3034 Boston St., 1-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sam Bob or Bobich

(a) Residence: No. 3034 Boston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
41	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0+0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 12 19 34

19. UNDERTAKER

(Address)

20. FILED DEC 13 1934 Registrar

0332 THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C E Herzog M. D.
Coroner

(Address) 1303 N Eutaw Pl

M. D. B 1268-9

07401 F 07401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced dead at mercy
CITY OF BALTIMORE: (No.) Mercy Hospital St., H-01 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Norman

(a) Residence: No. Unk St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	W

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unk
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER FATHER

13. NAME
14. BIRTHPLACE (city or town) (State or country) Unk
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 13 1954

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1954

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h... alive on Dec 1 1954 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture base of Skull	
Fall down stairs in ? a Street accident ?	

Other contributory causes of importance:
was found down stairs by a Man who notified Police who took him to Hosp

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury 12 1 1954
Where did injury occur? Irvington Md & Balto
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public
Manner of injury Fall down stairs
Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) James M Faulon Coroner, M. D.
(Address) 7001 Charles

15504

OSLER-WHITEHEAD MORGUE

M. D. B. 1268-9

✓ F 07402

07402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No.) ... (or Ward) 17-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Jones Watson

(a) Residence: No. 1102 Wilmer Court Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 1, 1901

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	33	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ?

10. Date deceased last worked at this occupation (month and year) — ?

11. Total time (years) spent in this occupation — ?

12. BIRTHPLACE (city or town) (State or country) — South Carolina

FATHER

13. NAME — Jos Watson

14. BIRTHPLACE (city or town) (State or country) — ?

MOTHER

15. MAIDEN NAME — Susie (?)

16. BIRTHPLACE (city or town) (State or country) — South Carolina

17. INFORMANT — Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL — Place University Md Date Dec. 13 1934

19. UNDERTAKER — Commissioner Health

(Address)

DEC 13 1934

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 24 1934 to Dec 10 1934

I last saw him alive on Dec 10 1934 Death is said to have occurred on the date stated above, at 8.50 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma, Thoracotomy Right Thorax. Post-pneumonic

Date of onset Aug 1934

Other contributory causes of importance:

Debility & Anemia

Name of operation Thoracotomy Date of 10/25/34

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Samuel A. Lapp M. D.

(Address) Baltimore City Hospitals

M. D. R. 1268-9

✓ F 07403

F 07403 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Johnson

(a) Residence: No. 1823 E. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George Dennis

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

MOTHER

15. MAIDEN NAME Henrietta Green.

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem Md Date Dec 13 1934

19. UNDERTAKER [illegible] (Address)

20. FILED Dec 14 1934 [illegible] Registrar.

13734 (529)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10 1934

22. I HEREBY CERTIFY, That I attended deceased from May 6 1932 to Dec 10 1934

I last saw her alive on Dec 10 1934 Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency Cerebral Embolism	3 Hrs

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Mazyck M. D.

(Address) East City Hosp

M. D. B. 1268-9

F 07404

07404

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16-01 Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Apple

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 8, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 72	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Heinrich Apple

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Schaffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date Dec. 13 1937

19. UNDERTAKER [illegible] (Address) [illegible]

20. FILED 181234 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1937 to Dec 11, 1937

I last saw him alive on Dec 11, 1937 Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	>
Coronary Thrombosis	>
Myocardial Insufficiency	3 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I. D. Magill, M. D.

(Address) East City Hosp

M. D. P. 1268-9

✓ F 07405

07405

HEALTH DEPARTMENT—CITY OF BALTIMORE

34

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daniel Bowe

(a) Residence: No. 520 Biddle St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Rebecca Conway

16. BIRTHPLACE (city or town) (State or country) Wash. D. C

17. INFORMANT Friends
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 13, 1937

19. UNDERTAKER [illegible]
(Address) Commissioner of Health

20. FILED Dec 13 1937 [illegible] Registrar

13734

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1937 to Dec. 10, 1937

I last saw him alive on Dec 10, 1937 Death is said to have occurred on the date stated above, at 11:55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	6 mo
Cerebral Thrombosis	?
Arteriosclerosis	
Other contributory causes of importance:	
[illegible]	over

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) [illegible] M. D.

(Address) Balt City Hosp

M. D. F. 1268-9

✓ F 07406

07406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Cooley

(a) Residence: No. 2619 Llewellyn Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie (Divorced)

6. DATE OF BIRTH (month, day, year) June 17, 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME L. J. Cooley

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Maria Blanker

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records

(Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 14 1934

19. UNDERTAKER John F. Denny

(Address) 715 Light St.

131934 ... Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 10. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1934 to Dec 10 1934

I last saw h... alive on Dec 10 1934 Death is said to have occurred on the date stated above, at 3-20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cerebral Hemorrhage	7 Dec

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I. Bruzek, M. D.

(Address) East City Hosp

M. D. P. 1200-7

F 07407

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07407

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Forest Court Apts St., 15-01 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. If not living in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Gunther

(a) Residence: No. Forest Court Apt 3 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Gunther

6. DATE OF BIRTH (month, day, year) Nov 18 1888

7. AGE Years 46 | Months 0 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Chas W. Gunther

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Augusta Pinkert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Grace Gunther
(Address) Forest Court Apt

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date 12/14/34

19. UNDERTAKER E J Fanning & Son
(Address) 1938 E Fayette Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 11 1934

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Brick Gunther M. D.

(Address)

M. D. B. 1246 F 07408

F 07408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Anderson

(a) Residence: No. 1130 W Lafayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna (dead)

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Caleb Anderson

14. BIRTHPLACE (city or town) (State or country) West River Md

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) West River Md

17. INFORMANT Elizabeth Anderson

(Address) 1519 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Dec 16 '34

19. UNDERTAKER T. E. Kelson

(Address) 1303 Pennsylvania ave

20. FILED DEC 14 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1932 to Dec 11, 1934

I last saw him alive on Dec 11, 1934 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Cerebral Hemorrhage	2½ yrs
C Failure	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J. Thagard M. D.

(Address) Balt City Hosp

M. D. P. 1205-9

F 07409

F 07409

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918-E- 29th St., 9-0 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Muller

(a) Residence: No. 1918 E-29 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Widowed

SEX: Female

5a. If married, widowed, or divorced — HUSBAND (or) WIFE: Charles F. Muller

6. DATE OF BIRTH (month, day, year): Aug 4 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Lentz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Shipley

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs Grand Muller 1918 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL: Loudenslager Place: Dec 14, 1934

19. UNDERTAKER (Address): Mt Justice Home

20. FILED Dec 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 6th, 1934, to Dec 10th, 1934

I last saw her alive on Dec 10th, 1934 Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia — Date of onset 12-6-34

Other contributory causes of importance:

Name of operation: none — Date of

What test confirmed diagnosis: claimed — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Gordy M. D.

(Address) Harford Rd + Overland Ave

M. D. B. 1208 F 07410 ✓ F 07410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Keyworth Ave St., 45-01 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Scherr

(a) Residence: No. 2602 Keyworth Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Simon

6. DATE OF BIRTH (month, day, year) 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Charles Fisher

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Matilda Meyer

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Hamburg Date 12/14/34 19

19. UNDERTAKER Jul Louis Sol
(Address) 1734 E. Balto St

20. FILED DEC 13 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1934 to Dec 13 1934

I last saw her alive on Dec 13 1934. Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with hypertension	6 years
Other contributory causes of importance:	
Cerebral hemorrhage	1 week

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leitz M. D.

Dec 13-34 (Address) Temple Garden apts

M. D. B. 1204 F Coroner Ver 4258 Med exam F 07411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

99

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Bryant St., 13-01 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Mauis Schmaltz

(a) Residence: No. 2011 Bryant ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigars

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Frendel Schmaltz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Reba

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr Daniel Schmaltz
(Address) 2011 Bryant ave

18. BURIAL, CREMATION, OR REMOVAL Henry Sinn Date 12-14-34

19. UNDERTAKER Jack Lewis Jr
(Address) 1439 E. Baltimore St

20. FILED 12-14-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/34, 19

22. I HEREBY CERTIFY, That I attended deceased from July, 1933 to 12/14/34, 19

I last saw h alive on 12/14/34, 19 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	
a) Cerebral Hemorrhage	28 hrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Lease, M. D.

12/14/34 (Address) Medical Arts Bldg

M. D. B. 1268-9

07412

HEALTH DEPARTMENT—CITY OF BALTIMORE

07412

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St., 10-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Fowler

(a) Residence: No. 615 E. Biddle St., Ward. St. Mary's

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. Porter Widowed

6. DATE OF BIRTH (month, day, year) Jan. 10, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Northern Police Dist.

10. Date deceased last worked at this occupation (month and year) July 1934

11. Total time (years) spent in this occupation about 20

12. BIRTHPLACE (City or town) (State or country) Baltimore Md.

FATHER

13. NAME Bernard J. McCluskey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ann Reardon

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Son William Porter

(Address) 615 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec. 17, 1934

19. UNDERTAKER Elmer D. Conklin

(Address) 927 E. Eager St.

20. FILED , 19 Registrar.

DEC 12 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-23, 1934 to 12-13, 1934

I last saw her alive on 12-13, 1934 Death is said to have occurred on the date stated above, at 4:20 Am.

The principal cause of death and related causes of importance were as follows:

Hypertension
Arteriosclerosis
Cerebro - vascular changes

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. M. Magruder Hospital, M. D.

(Address) St. Joseph's Hospital Baltimore, Md.

M. D. B. 1200 F 07413

F 07413

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 S. Collins Ave 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Glick

(a) Residence: No. 110 S. Collins Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late John Glick

6. DATE OF BIRTH (month, day, year) July 17-1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Spahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) John Glick 110 S. Collins Ave

18. BURIAL, CREMATION, OR REMOVAL Place Bonnie Repose Date Dec. 15 1934

19. UNDERTAKER (Address) Philip Herwig Sons 2016 Orleans St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 12 1934

22. I HEREBY CERTIFY That I attended deceased from August 21 1934 to Dec. 12 1934

I last saw h[illegible] alive on Dec 12 1934 Death is said to have occurred on the date stated above, at 6 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthenia Chronic General	1932
Pneumonia Bronchial Tenal	Nov 11, 1934
Other contributory causes of importance:	
Strangulated Inguinal Hernia	Aug 1933

Name of operation Repair of Hernia Date of 8/22/33

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eliot W Wilmore, M. D.

(Address) 3432 Auchentoroly Ave

M. D. B 1268-7

F 07414 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 07414

CERTIFICATE OF DEATH

181 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2133 Jefferson St. St., 6-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME LOTTIE TAYLOR

(a) Residence: No. 2133 Jefferson St. St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) April 1,1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hearn Laundry out

10. Date deceased last worked at this occupation (month and year) Dec.12.1934

11. Total time (years) spent in this occupation. 1½

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Thomas Taylor

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hannah S. Dorman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Mary E. Thompson (Sister)
(Address) 2133 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cemetery Date Dec.15.1934

19. UNDERTAKER HENRY SANDER & SONS, INC. H. Sander
(Address) Baltimore & Broadway.

20. FILED ..... 19 ..... Registrar.

DEC 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.13.1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Burns over body arms & legs	Dec 12/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury Dec 12/34
Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place industry-2635 Greenmount Ave
Manner of injury Clothes caught from small
Nature of injury gas heating stove-rear 1st Floor.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner M. D.
(Address) 6

M. D. B. 1[illegible] F 07415

F 07415

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 133

1. PLACE OF DEATH Bon Sec Hospital

CITY OF BALTIMORE: (No. 4 Gay St & Pulaski) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ? ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby James Clements

(a) Residence: No. Newport Charles Co. Md. St.,

(Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year) Aug 28 1934

7. AGE — Years: — Months: 3 — Days: 14 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Albert B Clements

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laurice J Parker

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jos E Parker

(Address) 3415 Fleetwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Newport Md Date 12/14/34

19. UNDERTAKER Geo E Tapley

(Address) Bel Air Harford Co Md

20. FILED 12-14-34 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13-34

22. I HEREBY CERTIFY, That I attended deceased from 12-6 1934 to 12-13 1934

I last saw him alive on 12-13 1934 Death is said to have occurred on the date stated above, at 3:28 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hydrocephalus~~ Pyelitis	?

Other contributory causes of importance:

Name of operation Date of None

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Raymond J Shanahan M.D.

(Address) Bon Secours Hospital

M. D. P. 1208

F 07416

F 07416

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 415 W. 23 St.) 12-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Harrison

(a) Residence: No. 415 W. 23 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	M

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Mary E Harrison

6. DATE OF BIRTH (month, day, year) Jan. 29, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME John S Harrison

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Luckett

16. BIRTHPLACE (City or town) (State or country) Maryland

17. INFORMANT Mrs Mary E Harrison
(Address) 415 W 23rd St

18. BURIAL, CREMATION, OR REMOVAL
Cathedral Cemetery Date 12/15/34

19. UNDERTAKER Fayette Farley
(Address) Fayette Farley

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1934 to Dec. 12, 1934

I last saw him alive on Dec. 12, 1934 Death is said to have occurred on the date stated above, at 10.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	
Other contributory causes of importance:	
Arterio Sclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) G. H. Mencken M. D.

(Address) 4037 Falls Road

M. D. B. 1268-9

F 07417

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07417

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1623 Presstman St. 15-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ruby Shelby Pierce

(a) Residence: No. 1623 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmale	Col'd	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 1-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Agnes Pierce

16. BIRTHPLACE (city or town) (State or country) Smithfield N. Ca

17. INFORMANT Agnes Pierce
(Address) 1623 Presstman

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md. Date Oct 14 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19..... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on October 12. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. A. Fink M. D.
Coroner

(Address) Coroner

M. D. F. 12[illegible]

F 07418

F 07418

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3413 Liberty Heights St. 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Margaret A Ward

(a) Residence: No. 3413 Liberty Heights St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 12 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thomas Ward

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Tunbridge

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Edmund S. Henderson

(Address) 3413 Liberty Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 15, 1934

19. UNDERTAKER J. Vernon Kechner

(Address) 1532 Hollins St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/12, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/1/34, 19 , to 12/12, 1934

I last saw h[illegible] alive on 12/12, 1934. Death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured cervical vertebra	10 yrs.
Ch. hypostatic pneumonia	
Hy. tracheitis.	

Other contributory causes of importance

Cerebral ischemia	
Pulmonary edema.	2 days

Name of operation — Date of —

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-8

F 07419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07419

CERTIFICATE OF DEATH

Registered No. 169

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital St. W-Ol (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. Chicago Ill

2. FULL NAME Fannie Stein

(a) Residence: No. New Condon Hotel St. Fayette Ward. Paca St

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Brook

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Nathan Brook

(Address) 202 Hamlin st Chicago Ill

18. BURIAL, CREMATION, OR REMOVAL

Place Chicago Ill. Date 12/14, 1934

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E. Baltimore st

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 5 - , 1934

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Jumped from window	12/1/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 12-7, 1934

Where did injury occur? Balto - Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Jumped from window

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

Spec.—1-30—M. & T.—250 Bks.

F 07420

F 07420

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2109 N. Fulton Ave ST., 15-01 WARD

2-FULL NAME B. Magbelle Pyles

(a) RESIDENCE NO. 2109 N. Fulton Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Oct 5 1892

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore, Md
(State or country)

PARENTS

10 NAME OF FATHER Francis T. Pyles

11 BIRTHPLACE OF FATHER (city or town) Frederick
(State or country) Md.

12 MAIDEN NAME OF MOTHER Catherine Ryan

13 BIRTHPLACE OF MOTHER (city or town) Frederick
(State or country) Md

14 Informant Mrs. Lilly Pyles Dutton
(Address) 2109 No Fulton Ave

15 Filed DEC 14 1934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 11th '34

17 I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1932 to Dec 11th, 1934, that I last saw h[illegible] alive on Dec 11th, 1934, and that death occurred, on the date stated above, at 8:35 P m.

The CAUSE OF DEATH* was as follows:

Rheumatic heart disease with mitral stenosis and insufficiency ?

(duration) 26 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute pulmonary edema

(duration) yrs. mos. 2 d

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Examination

(Signed) Francis P Fendley, M. D.

12/11, 1934 (Address) 300 E. 31st St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park

DATE OF BURIAL Dec 14 193[illegible]

20 UNDERTAKER Wm Tackney & Sons

ADDRESS No + Pa

M. D. P. 1268-9

F 07421

07421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 640 W. Hoffman St Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Walker

(a) Residence: No. 640 W. Hoffman St., 17-21 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Josiah Walker

6. DATE OF BIRTH (month, day, year) Jan 0 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	6 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexandria Va.

FATHER

13. NAME Lewis Isabell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Irene Reid

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Josiah Walker
(Address) 640 W. Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec 14 1934

19. UNDERTAKER Mrs. George H. Collard
(Address) 1611 Druid Hill Ave

20. FILED 14 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1934 to Dec 10 1934

I last saw h[illegible] alive on Dec 10 1934 Death is said to have occurred on the date stated above, at 11 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	Sept 1934

Other contributory causes of importance:

Repeated Hemmorhages of Breast	Dec 1934

Name of operation None Date of

What test confirmed diagnosis Physical Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) X D Young M. D.

(Address) 1424 Entombment St

Spec.—9-30—A. & Co.—250 Bks.

F 07422 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07422

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Upton St. 17-01 WARD)

2 FULL NAME Emma Sife

(a) RESIDENCE NO. 1217 Upton (Usual place of abode) ST. WARD (If non-resident give city or town and State)

Length of residence in city or town where death occurred 39 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Williams See

6 DATE OF BIRTH (month, day, and year): 1875

7 AGE: Years 59; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 07

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore City Maryland

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: William Williams (Friend)

(Address): 1217 Upton St.

15 Filed 12/14/1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 11, 1934

17

I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1934, to December 11, 1934, that I last saw h 4 alive on December 11, 1934, and that death occurred, on the date stated above, at 6 A. m.

The CAUSE OF DEATH* was as follows:

Chronic Valvular Heart Disease (duration) not definite yrs. mos. ds.

CONTRIBUTORY (Secondary): Myocarditis, Fatty (duration) not definite yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? N Date of

Was there an autopsy? N

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wyatt M. D.

, 19 (Address) 871 Hanlon St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: Dec 15 1934

20 UNDERTAKER: Mrs Chas D. Bailey

ADDRESS: 1421 Jefferson St

Print in very important. See instructions on back of certificate.

M. D. B. 1268-9

07423

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07423

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4303 Wendover Rd St. 27-6 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Harvard

(a) Residence: No. 4303 Wendover Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 15 - 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	72	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
...	...

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

FATHER

13. NAME William Harvard

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Katherine Welch

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Mrs Harry Whistler
(Address) 4303 Wendover Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion - Belair Md Date Dec 15 1934

19. UNDERTAKER Dean & Foster
(Address) Bel Air Md

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Dec 12 1934
I last saw h... alive on Dec 12 1934 Death is said to have occurred on the date stated above, at 2 15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Several years

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jefferies Buck M. D.
(Address) 5. Club Rd

M. D. B. 1268-9

F 07424

F 07424 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 37-01 91-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5520 Harford Road. (Hamilton) (Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William V. Joyce

(a) Residence: No. 5520 Harford Road. (Hamilton) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine C. Noha Joyce

6. DATE OF BIRTH (month, day, year) Feb. 14, 1892.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocery Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Michael Joyce

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary A. Connolley

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Catherine C. Joyce (Wife)

(Address) 5520 Harford Rd. (Hamilton)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem Dec. 17, 1934

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED Dec 18 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1934 to Dec 13, 1934

I last saw h[illegible] alive on Dec 12, 1934 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

Subacute Bacterial Endocarditis

Date of onset

Other contributory causes of importance:

Nephritis (Subacute) & Ascending Anaemia.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 7206 Harford Road

M. D. B. 1268-9

F 07425

07425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Kiefer

(a) Residence: No. 238 S. Castle St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	[illegible]

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12-10-34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Frank H. Kiefer

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Martha Richardson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Martha K. Kiefer

(Address) 238 S. Castle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date Dec 15 34

19. UNDERTAKER Fred'k Ogorzalek

(Address) 1930 Eastern Ave

20. FILED ... 19... Registrar.

11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-12-34, 1934 to 12-14-34, 1934

I last saw her alive on 12-14, 1934 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	

Other contributory causes of importance:

Premature Birth

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) A. J. Comay M. D.

(Address) Vol. Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07426

HEALTH DEPARTMENT—CITY OF BALTIMORE

07426

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospital St., 19-01 Ward)

Registered No. 186-001

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Newell

(a) Residence: No. 1632 Cole Street St., Ward.

(Usual place of abode) 20 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha A Newell

6. DATE OF BIRTH (month, day, year): April 27-1878

7. AGE: Years: 56 | Months: 7 | Days: 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Harry Hoffberger

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Henry Newell

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: ? Walper

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Bertha Newell

(Address) 1632 Cole Street

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: 12/17, 1934

19. UNDERTAKER: William Cook

(Address) 217 St Paul Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Fracture of L femur accidental

Name of operation ... Date of ...

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury Dec 8, 1934

Where did injury occur? 1632 Cole (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home On floor

Manner of injury Stumbled & fell

Nature of injury Fract of L femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify...

(Signed) ... M. D. Coroner

(Address) 1300 Fallsway

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07427 — 07427

CERTIFICATE OF DEATH

1186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George W. Cook

(a) Residence: No. 2509 Ashton Street. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Annie F. Cook

6. DATE OF BIRTH (month, day, year) Oct. 29-1861.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Cook

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Penna.

MOTHER

15. MAIDEN NAME Mary Shanks

16. BIRTHPLACE (city or town) (State or country) Berkley Springs West Virginia

17. INFORMANT Mrs. Annie F. Cook
(Address) 2509 Ashton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 12/15 '34

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED 12-17-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13 , 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19..... , to ..... , 19.....

I last saw h..... alive on Inquiry , 19..... Death is said to have occurred on the date stated above, at 3.20 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	Dec. 13 1934
Other contributory causes of importance: Accident	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 13 1934

Where did injury occur? Baltimore, Maryland.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell down steps

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 South Broadway

M. D. B. 1268-9

F 07428

07428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Rayner + Dukeland St. 27-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Blanche Kelley

(a) Residence: No. 3411 St. Ambrose Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of: William C. Kelly

6. DATE OF BIRTH (month, day, year): Oct 26th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): West Fairview Pa

FATHER

13. NAME: Peter Bretz

14. BIRTHPLACE (city or town) (State or country): West Fairview Pa

MOTHER

15. MAIDEN NAME: Mary Conrad

16. BIRTHPLACE (city or town) (State or country): West Fairview Pa

17. INFORMANT: Wm C. Kelly

(Address) 3411 St Ambrose Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Balto Date: Dec 17th 1934

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 4, 1934 to December 13, 1934

I last saw her alive on December 13, 1934 Death is said to have occurred on the date stated above, at 7:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cerebral Hemorrhage	Syrup

Other contributory causes of importance:

1 Bronchi-pneumonia

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Ashman, M. D.

(Address) West Baltimore Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 07429

7429

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 N. Pine St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. Maier

(a) Residence: No. 18 N. Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Christian Maier

6. DATE OF BIRTH (month, day, year) Dec 8th 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME ? Maier

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Christian C. Maier (Son)

(Address) 18 N. Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/15 1934

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 14934 Dec 16 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from August 2 1934 to Dec 13 1934

I last saw her alive on Dec 12 1934 Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	1933
Other contributory causes of importance:	
Aortic Regurgitation	1922
Arterio Sclerosis	Autumn

Name of operation ... Date of ...

What test confirmed diagnosis? X Ray + Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm O'Neill, M. D.

(Address) 108 N. Fulton Ave

M. D. P. 1268-9

F 07430

07430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 S. Durham Street St. 2-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

2. FULL NAME Michael Akczynski

(a) Residence: No. 238 S. Wolfe Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Akczynski

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Akczynski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Josephine Akczynski (Wife)
(Address) 238 So. Wolfe Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date 12/15/34

19. UNDERTAKER John F. Weber
(Address) 401 S. Chester St

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See INSTRUCTIONS ON BACK OF CERTIFICATE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 31, 1934 to Dec. 11, 1934.

I last saw h[illegible] alive on Dec. 1, 1934 Death is said to have occurred on the date stated above, at 1020 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis of Spinal Cord	Several years ago
Hypostatic pneumonia	1 day

Other contributory causes of importance:

none

Name of operation ..... Date of —

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19—

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ..... —

Manner of injury ..... —

Nature of injury ..... —

24. Was disease or injury in any way related to occupation of deceased? ..... nv If so, specify .....

(Signed) John J. Kraus M. D.

(Address) 1726 Eastern Ave

M. D. B. 1268-9

E 07431

07431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. St., 16-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George E. Brewer

(a) Residence: No. 1813 Mosher St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Beulah M. Brewer

6. DATE OF BIRTH (month, day, year) September 12, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	3	- -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Justice

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles E. Brewer

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Camilla

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Miss Lenora Brewer

(Address) 1813 Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date December 15 19 34

19. UNDERTAKER Joseph Cook

(Address) 1073 E. Baltimore St.

14534 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him alive on Dec 12 1934 Death is said to have occurred on the date stated above, at 7.40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric Ulcer	
Other contributory causes of importance:	
Peritonitis.	
Name of operation Laparotomy Date of 12-12-34	
What test confirmed diagnosis? Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. O. Kirk M. D.
Coroner

(Address) North Ave & Division St.

M. D. B. 1268-9

07432 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 07432

CERTIFICATE OF DEATH 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 Yale Ave St., W-11 Ward)

Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 10 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ellen Kines

(a) Residence: No. 405 Yale Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced. HUSBAND of (or) WIFE of Roschell Kines

6. DATE OF BIRTH (month, day, year) Feb 12-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cleaner woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Ry & Elec Co.

10. Date deceased last worked at this occupation (month and year) 12, 12-34

11. Total time (years) spent in this occupation 26 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Thomas Slater

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Moore

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mary M Farrell
(Address) 405 Yale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date Dec. 15 1934

19. UNDERTAKER Margaret F. Flynn
(Address) 1222 Light St.

20. FILED ... 19... Registrar.

14934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13 34

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1918 to Dec 13 1934

I last saw her alive on Dec 12 1934 Death is said to have occurred on the date stated above, at 12:28 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	6 yrs
Chronic Interstitial Nephritis	3 yrs.
Other contributory causes of importance:	
Cerebral Hemorrhage	12/12/34

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ ... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
No ... If so, specify ...

(Signed) W. W. Buxton M. D.

(Address) 301 East Cross St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 07433

07433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No.) Redwood & Green St., W-01 (Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Matthews

(a) Residence: No. 719 W Lafayette St., Ward.

(Usual place of abode) Md (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1897

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 609

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sparta Greece

FATHER

13. NAME Thamestocles Matthews

14. BIRTHPLACE (city or town) (State or country) Sparta Greece

MOTHER

15. MAIDEN NAME Kalliope Apostol

16. BIRTHPLACE (city or town) (State or country) Sparta Greece

17. INFORMANT Thaarstoules Matthews

(Address) 2949 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 12/15 1934

19. UNDERTAKER John F Ruda

(Address) 2248 Hudson St

20. FILED [illegible] Registrar

DEC 14 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-12 1934 to 12-13 1934

I last saw him alive on 12-13 1934. Death is said to have occurred on the date stated above, at 3.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	12-12-34

Other contributory causes of importance:

Name of operation Date of

Did test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Robert W Farr M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. H. 1268-9

✓ F 07434

07434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1824 N. Broadway St.) 8-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Simpson

(a) Residence: No. 1824 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Matilda J. Reynolds

6. DATE OF BIRTH (month, day, year) July 1, 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
87	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grain
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Simpson
14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Miss Florence Simpson
(Address) 1824 Broadwar

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 15, 19 34

19. UNDERTAKER Rita Rudefeld
(Address) 9 E Lexington St Ba

14034 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934 to Dec 8, 1934

I last saw him alive on Dec 8, 1934 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Hyp. Heart	
Cerebral Sclerosis	
Senile Senescence	
Other contributory causes of importance:	
Int. Hemorrhage	one

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) C. W. Towers M. D.

(Address) 1417 N. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1269-9

F10 7435

7435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave) St., 5th Ward)

Registered No. 7435

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. 2 ds. How long in U. S. If of foreign birth 69 yrs. mos. ds.

2. FULL NAME Adelaide McKenzie

(a) Residence: No. Delta, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leonard McKenzie.

6. DATE OF BIRTH (month, day, year) Nov. 10, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) England

FATHER

13. NAME Edwin Cresswell

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Harold Smith

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. Carley Reedy

(Address) Delta Balto Co Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St John, Ellicott City Date 12/17/34

19. UNDERTAKER Easton Sons

(Address) Ellicott City

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1934 to Dec. 14, 1934

I last saw her alive on Dec. 14, 1934. Death is said to have occurred on the date stated above, at 6 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypo-Static pneumonia of eight days duration	12-6-34

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signature Geo. Schuyler M.D.

(Address) 818 Eutaw Place

V 6 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

07436 ✓ 5-02436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Lyndhurst Ave 15-01 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry V. Mills

(a) Residence: No. 2216 Lyndhurst Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE~~ of Margaret S. Mills

6. DATE OF BIRTH (month, day, year) July 22nd 1867

7. AGE Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
67	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Nov 1st 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William H. Mills

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Helen Ward

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret S. Mills

(Address) 2216 Lyndhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date Dec 17th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13th 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-[illegible]-34 to 12-13-34

I last saw him alive on 12-13-34 Death is said to have occurred on the date stated above, at 2:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	yrs
Other contributory causes of importance:	
Carcinoma of Liver	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jack Fetterolf M. D.

(Address) 3100 Walbrook Ave

Spec—9-30—A. & Co.—250 Blks.

✓ F 07437

07437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

72-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1514 Bolton St 14-01 WARD)

2 FULL NAME Rhoda Chanolle Smith

(a) RESIDENCE NO 1514 Bolton ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct 18th 1882

7 AGE: Years 52 Months Days 26 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER John Kelly Smith

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md

12 MAIDEN NAME OF MOTHER Janet Gordon Goodwin

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md

14 Informant: Mrs. Smith

(Address) 5213 Parkington Way City

15 Filed 1511934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/14/34

17 I HEREBY CERTIFY, That I attended deceased from 11/9, 1934, to 12/14, 1934

that I last saw h[illegible] alive on 12/13, 1934

and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute leukemia (Myelogenous?)

(duration) yrs. 1 mos. 5 ds.

CONTRIBUTORY (Secondary) —

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? at home - Baltimore

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical & Laboratory

(Signed) [illegible] M. D.

(Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Greenmount Cem. DATE OF BURIAL: Dec 16 1934

20 UNDERTAKER: Henry H. Jenkins Sons Co. ADDRESS: McCulloh & Orchard

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 07438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07438

CERTIFICATE OF DEATH

x 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 7-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Howard Ferguson

(a) Residence: No. Ferguson Lane, Carney, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

6. DATE OF BIRTH (month, day, year) July 20, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	~~23~~ 4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Howard Ferguson

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME Norma Leef

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Howard Ferguson
(Address) Fullerton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Dec. 17, 1934

19. UNDERTAKER Frederick Lansdale
(Address) 7401 Belair Road

20. FILED [illegible] 1934 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) Dec. 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 to [illegible], 19

I last saw h alive on [illegible], 19 Death is said to have occurred on the date stated above, at 8.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 week

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 07439

F 07439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3319 Dorchester Road St., 45-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs — mos — ds. How long in U. S. If of foreign birth? 70 yrs — mos — ds.

2. FULL NAME Margaret E Parker

(a) Residence: No. 3319 Dorchester Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced (or) WIFE of Thos. E Parker

6. DATE OF BIRTH (month, day, year) May 15 1856

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
78	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oswego N. Y.

FATHER

13. NAME James Clark

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Margaret Meighan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. E. Parker

(Address) 3319 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem'y Date Dec. 17 . 19 34

19. UNDERTAKER Hess Sheck Bros, Inc

(Address) 1201 E Pratt St.

20. FILED — . 19— Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14 . 19 34

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 . 1934 . to Dec 14 . 1934

I last saw h Er alive on Dec 13 1934 Death is said to have occurred on the date stated above, at 9:10 A M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas	July 1934
Other contributory causes of importance:	
Bronchopneumonia	Dec 11 '34

Name of operation — Date of —

What test confirmed diagnosis? Clinical data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Louis Hamburger M. D.

(Address) 1207 Eutaw Place

M. D. B. 1263-9

07413 2 / 29340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07440

10J-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margarita Kaufman

(a) Residence: No. ..... Westminster, Ward. Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edward

6. DATE OF BIRTH (month, day, year): 5-26-04

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mexico

FATHER

13. NAME: Juan De Leos Jolica

14. BIRTHPLACE (city or town) (State or country): mexico

MOTHER

15. MAIDEN NAME: Georgia Buckingham

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Ridge Date Dec 18, 1934

19. UNDERTAKER: H Bankard & Son

(Address) Westminster md

20. FILED ... 19... Registrar.

DEC 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 19... to Dec 14, 1934

I last saw her alive on Dec 14, 1934 Death is said to have occurred on the date stated above, at 8 25 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
3 Bronchiectasis	2 years

Other contributory causes of importance:

Bronchial - pneumonia 1 day

Removal Right lower lobe Lung

Name of operation X ray Date of 12-12-34

What test confirmed diagnosis? X ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Floyd W Keith M. D.

(Address) The Johns Hopkins Hospital

V S 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

07446 07441 F 07441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

293 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-0 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Beatrice Jones Conaway

(a) Residence: No. 1009 N Wolfe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) April 13th 1928

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Albert Jones

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Myrtle Byers

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date Dec 16th 1934

19. UNDERTAKER Geo Robert A. Elliott
(Address) 1129 Caroline st

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Dec 11 1934

I last saw her alive on Dec 12 1934 Death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	12-9-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Schwentker M. D.

(Address) Johns Hopkins Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

07442 HEALTH DEPARTMENT—CITY OF BALTIMORE 07442

CERTIFICATE OF DEATH

186-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 14-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton Litzinger

(a) Residence: No. 1537 Ramsay St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) August 22, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	3	16	—

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Howard Litzinger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Edith Merritt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date Dec. 15- 1934

19. UNDERTAKER Charles J. Schwaltz

(Address) 525 E. Monroe St.

20. FILED DEC 15 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 13 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/12/34, 19 to 12/13/34, 19

I last saw him alive on 12/12/34, 19 Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Cerebral Hemorrhage	2 hrs
Multiple Fractures of Skull	4

Other contributory causes of importance:

Name of operation Left Subdural Hemorrhage Date of 12/13/34

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/12, 1934

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Public place

Manner of injury Fell down steps in mother's arms.

Nature of injury Fractured Skull & subarachnoid hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D. Coroner

(Address) .....

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 07443

07443

HEALTH DEPARTMENT—CITY OF BALTIMORE

Mielke

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2802 Hollins Ferry Road 25-01 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hulda Mielke

(a) Residence: No. 2802 Hollins Ferry Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Mielke

6. DATE OF BIRTH (month, day, year) Feby 2 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Albright

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Voss

(Address) 2802 Hollins Ferry Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Old Reformed Cem Date Dec 16 1934

19. UNDERTAKER Lohr Ulrich

(Address) 200 E Lanvale St

20. FILED Dec 17 1934, 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1934 to Dec 13 1934

I last saw h... alive on Dec 12 1934. Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	(1933-
Arterio Sclerosis	1930

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis General Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. E. Blackburn M. D.

(Address) 1 E Randolph St

OCCUPATION is very important. See instructions on back of certificate.

V 523

M. D. P. 1268-9

F 07444

07444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

#6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 N. Bulaski St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 61 yrs. ... mos. ... ds.

2. FULL NAME Howard William McCoy.

(a) Residence: No. 2103 N. Bulaski St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Bertha Viola

6. DATE OF BIRTH (month, day, year) March 14 1863

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
71	61	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
1919	

12. BIRTHPLACE (city or town) Buckhannon (State or country) West Virginia

FATHER

13. NAME William McCoy

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Bertha Viola McCoy
(Address) 2103 N. Bulaski St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Dec 18 1934

19. UNDERTAKER J. E. Elmer & Son
(Address) Westminster, Md

20. FILED ... Registrar

C 151934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 27 1925 to December 15 1934
I last saw him alive on December 14 1934 Death is said to have occurred on the date stated above, at 7:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach and intestines	June 25

Other contributory causes of importance:

none	—

Name of operation none Date of —

What test confirmed diagnosis? B. S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Rikards, M. D.

(Address) 2532 Edmondson Ave.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1265-9

F 07445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07445

CERTIFICATE OF DEATH

73

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1543 W. Fillmore St., 15-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Sylvia Barber

(a) Residence: No. 1543 W. Fillmore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas. I. Barber

6. DATE OF BIRTH (month, day, year) April-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chas Co Md

FATHER

13. NAME Edwin Shirley

14. BIRTHPLACE (city or town) (State or country) Edwin Worrell

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Chas Co Md

17. INFORMANT Leonard Barber

(Address) 1543 W. Fillmore

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date Dec 15 1930

19. UNDERTAKER Mrs Geo. H. Holland

(Address) 1101 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 1930

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Duration

Pulmonary Phthisis ... 5 months

Other contributory causes of importanre:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

Coroner

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

C 151934

M. D. P. 1268-9

07446 HEALTH DEPARTMENT—CITY OF BALTIMORE 07446

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 5 yrs. mos. ds.

2. FULL NAME Nicholas Solli

(a) Residence: No. 18 N. Hilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 18 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Louis Solli

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Lena Cantoresi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Louis Solli
(Address) 18 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Dec-17 1934

19. UNDERTAKER Frank Dolle & Son
(Address) 52 N. Morley St.

20. FILED 19 [illegible] Registrar.

DEC 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-5 1934 to 12-14 1934

I last saw him alive on 12-14 1934 Death is said to have occurred on the date stated above, at 3:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis	
Other contributory causes of importance: Uremia Acidosis	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. F 1268-9

F 07447

HEALTH DEPARTMENT—CITY OF BALTIMORE

07447

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hosp. Ward) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Watson

(a) Residence: No. 2617 Berwick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas (dead)

6. DATE OF BIRTH (month, day, year) July 4, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Samuel Ross

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Wechsler

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records (Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Date Dec 17 1934

19. UNDERTAKER George L Lohmeyer (Address) 1101 Fredrick Ave

20. FILED Dec 18 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1934 to Dec 17, 1934

I last saw her alive on Dec 14, 1934 Death is said to have occurred on the date stated above, at 3-30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	?
Myocardial Insufficiency	Term
Failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Phagies M. D.

(Address) Balt City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07448

B 07448 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Esplanade Apts. St. 13-06 Ward)

Length of residence in city or town where death occurred Lifetimes. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Daniel Greenbaum

(a) Residence: No. Esplanade Apts, ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Greenbaum

6. DATE OF BIRTH (month, day, year) Dec. 7 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	—	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Myer Greenbaum

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Frank

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. M. Greenbaum

(Address) Virginia Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebr. Cem. Date Dec. 16 1934

19. UNDERTAKER David Sondheim & Sons

(Address) 1902 Eutaw Place

20. FILED DEC 15 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 5 1934 to Dec 13 1934

I last saw him alive on Dec 13 1934 Death is said to have occurred on the date stated above, at 10.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio-Sclerosis	10 yrs
Other contributory causes of importance	
Myocarditis, Coronary	—
Arter. Hyper. - Senility	5 yrs

Name of operation — Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Louis E. Krieger, M. D.

(Address) The Esplanade

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07449

07449 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1365 N Eure St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ann Sneed

(a) Residence: No. 1365 N Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wid. von Florencetreed

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE: Years 58 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General

10. Date deceased last worked at this occupation (month and year): Last Illness

11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (city or town) (State or country): Fayetteville No Ca

FATHER

13. NAME: Peter Sneed

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Rachel Sneed

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Andrew Byrd
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cemetery Date Dec 17 1934

19. UNDERTAKER: Adolphus Halstead
(Address) 952 Druid Hill Ave

20. FILED ..... Registrar.

C 15934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11 1934 to Dec 13 1934

I last saw h[illegible] alive on Dec 13 1934 Death is said to have occurred on the date stated above, at 9.05 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset .....

Other contributory causes of importance: 0

Name of operation 0 Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John C Stewart M. D.

(Address) 704 W Lafayette Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07450

07450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1945 W. Mulberry St. 70-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME George Blumenrather

(a) Residence: No. 1945 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 16 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME George Blumenrather

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Bertha Bernstein
(Address) 1945 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date 12/15/ 1934

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Dec 13 1934

I last saw him alive on Dec 13 1934. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance:

Cardiac Fibrillation
Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) B. L. Emrich M.D. M. D.

(Address) 3 E. Mt. Vernon Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93277 / 07451 / 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 3-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Esau Coleman

(a) Residence: No. 225 S Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alberta Coleman

6. DATE OF BIRTH (month, day, year) 9-11-1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Relief Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car

FATHER

13. NAME Asa Coleman

14. BIRTHPLACE (city or town) (State or country) N Car

MOTHER

15. MAIDEN NAME Williams

16. BIRTHPLACE (city or town) (State or country) N Car

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Halifax N Carolina Dec 16 1934

19. UNDERTAKER Wendell E. Bryant

(Address) 240 E Eden St

No. 21124 Dec 16 1934 Registrar.

131934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934 to Dec 13, 1934

I last saw him alive on Dec 13, 1934. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	Nov. 26
" epididymitis	Nov. 1
Miliary tbc.	May 1

Other contributory causes of importance:

over

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) P Carmichael ..... M. D.

(Address) Johns Hopkins Hospital

F 07452

F 07452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 E Biddle St., 8-01 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jane Gilderlain

(a) Residence: No. 2316 E Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Apr 4 - 1854

7. AGE: Years 80; Months 8; Days 11; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Portsmouth Va

FATHER

13. NAME: Peter Gilderlain

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine Conghlin

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Owen O'Rourke 2316 E Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Portsmouth Va Date: Dec 16 1934

19. UNDERTAKER (Address): Wm Cook 1217 St Paul

20. FILED

Registrar

DEC 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934 to Dec. 15, 1934

I last saw her alive on Dec. 14, 1934. Death is said to have occurred on the date stated above, at 1.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Chronic Myocarditis	1928

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Albert G. Engelwald, M. D.

(Address) 1603 E. Hoffman Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126

F 07453

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07453

CERTIFICATE OF DEATH

V 124-002

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley Street St. 10-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Welch

(a) Residence: No. 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 69

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew Welch

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME ? Conners

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sister Stanislaus Sup.
(Address) Little Sisters of the Poor, City

18. BURIAL, CREMATION, OR REMOVAL
Place St Joseph Texas Md Date 12/17 '34

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED [illegible] 19

DEC 15 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 14 December 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6 '34 to Dec 14 '34
I last saw him alive on Dec 7 '34. Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Liver	?

Other contributory causes of importance:

Pathisis
Anemia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. McCarthy M. D.

(Address) 111 [illegible]

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 07454 F 07454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1839 N. Montford Ave 8-C Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma T. Struenagle

(a) Residence: No. 1839 N. Montford Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~never married, or divorced~~ ~~HUSBAND~~ (or) WIFE of John H. Struenagle

6. DATE OF BIRTH (month, day, year) Oct 23rd 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME J. Reed

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Elsie Hirschfelder

(Address) 1839 Montpelier St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 18 a 193

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 7 A ... M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1934 to Dec 15, 1934

I last saw h alive on Dec 15, 1934. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 6
Chronic Interstitial Nephritis	1904

Other contributory causes of importance:

Cardiac Dilatation	Dec 2 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gilbert O'Bentley M. D.

(Address) 1075 N. Howard St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B. 1268 F 07455

F 07455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2821 Guilford Ave 17-01 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie G. Benjamin

(a) Residence: No. 2821 Guilford Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of ~~HUSBAND of~~ Levi Benjamin

6. DATE OF BIRTH (month, day, year) April 1st 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 03

10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME David G. Beckwith

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Mary A. Egerton

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Roland Benjamin

(Address) 108 Witherspoon Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Govans mount Date Dec 17th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED DEC 18 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from November 10 1934 to Dec 14th 1934

I last saw her alive on December 14 1934 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Helen L. Owen M. D.

(Address) 2827 N. Calvert St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 07456 F 07456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-001

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1525 Clifton Ave St., 19-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Elmira Baker

(a) Residence: No. 1525 Clifton Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of John Baker

6. DATE OF BIRTH (month, day, year) April 3rd 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	8	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. - Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME ? Rodrick

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Josephine Bolden

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Mrs Wilmot

(Address) 2231 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Dec 17th 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14th 1934

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from Dec 1, 1934 to Dec 14 1934

I last saw her alive on Dec 14 1934 Death is said to have occurred on the date stated above, at 7:55 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Dec 1, 34

Other contributory causes of importance: Senile Decay

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
(If so, specify)

Signature Geo W Lorsner M. D.

(Address) 2207 Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

M. D. B. 1268-B F 07457 F 07457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 Loloya Southwood 15-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fannie Goldberg

(a) Residence: No. 2607 Loloya South Way St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Abraham

6. DATE OF BIRTH (month, day, year): June 15 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: Joseph Goldberg

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Esther

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Samuel Goldberg
(Address) 2607 Loloya South Way

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Hebrew Cemetery Date Dec 16 1934

19. UNDERTAKER: S Levinson Bro
(Address) 1121 E Baltimore St

20. FILED ... 19... Registrar.

DEC 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 15. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11th 1933 to Dec 15th 1934

I last saw her alive on Dec 15th 1934. Death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	

Other contributory causes of importance:

Generalized metastasis	
Cachexia	

Name of operation ✓ Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Harris G. Dill M. D.

(Address) 120 Eutaw St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible]

F 07458 Alva J Barrett F 07458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alva J Barnett

(a) Residence: No. 3625 Malden Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓ 11/29/34

6. DATE OF BIRTH (month, day, year) Dec 3-34

7. AGE Years	Months	Days 14 16	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓ 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Joseph Hospital Balto Md

FATHER

13. NAME Laurence Barrett

14. BIRTHPLACE (city or town) (State or country) Balto Co

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Laurence Barrett

(Address) 3625 Maulding Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Dec 17 1934

19. UNDERTAKER A. S. Manzelli

(Address) 2534 Eutaw Pl

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1934 to December 15, 1934

I last saw her alive on December 15, 1934 Death is said to have occurred on the date stated above, at 5 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Malnutrition	
2. Bronchopneumonia	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violenrr) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. T. Magruellen M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

M. D. B. 1268-9 F 07459

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07459

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 E. Chase St., 23-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ab. 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie M. Casey

(a) Residence: No. 1310 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): ? 1879

7. AGE: Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Store Keeper 045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland.

FATHER

13. NAME: Thomas Casey

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Mary Dignan

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Michael Casey
(Address) 1310 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Dec. 17 34 19

19. UNDERTAKER: Margaret D. Flynn
(Address) 1432 Light St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14 19 34

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1934 to Dec 14 34
I last saw h[illegible] alive on Dec 14 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 20 1934
Other contributory causes of importance: Hemiplegia	Sept 20 1934

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 279 Williams St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268 F 07460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07460

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. General Hosp. St. 20 Ward)

Registered No. 20-91

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Carroll Co Md

2. FULL NAME Helen E. Brown

(a) Residence: No. ~~Catonsville, Md.~~ 25 Morley St Baltimore Md St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ____ Single

6. DATE OF BIRTH (month, day, year) Feby. 13, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME James W. Brown

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

MOTHER

15. MAIDEN NAME Mary L. Leather

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Mrs. James W. Brown

(Address) 25 Morley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Wesley Cem. Carroll Co. Md. Date Dec 18 1934

19. UNDERTAKER Edw. C. Tipton

(Address) Hampstead, Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance are as follows:

Self Induced Septic Abortion. — Date of onset

General Peritonitis

Nov 28-1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) F. Edrick Coroner, M. D.

(Address) ...

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07461

50

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1640 E. Fort Ave St. 24-01 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Augusta Crosby Barwick

(a) Residence: No. 1640 E Fort Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carl Barwick

6. DATE OF BIRTH (month, day, year): Not known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: William Rooby

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (city or town) (State or country): Not known

17. INFORMANT: Mary Rooby

(Address): 1640 E Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: Dec 17 19 34

19. UNDERTAKER: Enoch Brack & Son

(Address): 1906 Eutaw Pl

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 2, 1934, to Dec. 14, 1934

I last saw her alive on Dec. 13, 1934. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	1928
	about

Other contributory causes of importance:

Cardiac Failure	12-7-34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Holland M. D.

(Address) 707 E. Fort Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-9

F 07462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07462

CERTIFICATE OF DEATH

√ 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Dalrymple Ave St., 15-61 (Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Anna M Eaton

(a) Residence: No. 3905 Dalrymple St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles J Eaton.

6. DATE OF BIRTH (month, day, year) Dec 31 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 71	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Mannion

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Rogers

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary McLaughlin

(Address) 3905 Dalrymple Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Lawn Park Date 12/17/34 19..

19. UNDERTAKER John J Tagg & Sons

(Address) 1318 Light St.

20. FILED Dec 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1934 to Dec 13, 1934

I last saw he alive on Dec 13, 1934 Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gall bladder & Liver	Aug 1st

Other contributory causes of importance:

Gall Stones Indefinite

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) A. C. Samuels M. D.

(Address) 4500 Baltimore Co. Health Dept.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 19 1934

F 07463

M. D. B. [illegible] F 07463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2815 Mosher St. 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edmond E. Woolfenden

(a) Residence: No. 2815 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Estella Woolfenden

6. DATE OF BIRTH (month, day, year): Jan 28 1886

7. AGE: Years: 48 | Months: 4 | Days: 15 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Produce Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Jas. Woolfenden

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Ella Nicholson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Estella Woolfenden 2815 Mosher St

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date 12/17/34

19. UNDERTAKER (Address): H. Brenningmeyer 1136 Pulton Ave

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 14th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of Death

Coronary Thrombosis

Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Fisk Coroner M. D.

(Address) Coroner

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 12

F 07464

F 07464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Colorado Ave. St. 27-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Martin

(a) Residence: No. 725 Colorado Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles A. Martin

6. DATE OF BIRTH (month, day, year) Sept. 1861.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John M. Leslie

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frederick Frick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter G. Leslie

(Address) 725 Colorado Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/17/34

19. UNDERTAKER Harry A. Fritzlen

(Address) 1101 Edmondson Ave.

20. FILED Dec 18 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from December 9 . 1934 . to December 15 . 1934 .

I last saw h alive on December 14 . 1934 . Death is said to have occurred on the date stated above, at 1 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 9

Other contributory causes of importance:

Acute Pulmonary Edema	Dec 13

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19 .

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 711 W Lanvale

INFORMATION should be carefully supplied. Any inaccuracy that may appear should be corrected. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-0 F 07465

F 07465

29356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 177

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 27-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Kaiser

(a) Residence: No. 2811 Coldspring Lane St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie

6. DATE OF BIRTH (month, day, year) 10-27-76

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Seller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 66

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME George Kaiser

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Christina Baum

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date 12/17 1934

19. UNDERTAKER Harry A. Mitchell (Address) 4101 Edmondson Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1934 to Dec 13 1934

I last saw him alive on Dec 13 1934 Death is said to have occurred on the date stated above, at 11:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis of muscles of respiration from	12/8/34
? botulism	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) R. Carmichael (right) M. D.

(Address) Johns Hopkins Hospital

Information called for on this certificate is required by law. Please answer all questions applicable, and write plainly, with ink. Use only standard terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

DESTROYED

M. D. B. 1268-9

F 07466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07466

CERTIFICATE OF DEATH

✓ 93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2918 Sylvan Ave St. 27-A Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Catherine A. Schlipper

(a) Residence: No. 2918 Sylvan Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Schlipper

6. DATE OF BIRTH (month, day, year) Sept 6/1894

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Rudolph Pistel

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Katie Gundlock

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT George F. Schlipper

(Address) 2918 Sylvan Ave

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date 12/17, 1934

19. UNDERTAKER Leonard J. Rupp

(Address) 1305 Harford Ave

20. FILED DEC 15 1934, 19.... M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at A. M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably (left) Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) 708 E. Fronk...

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.--10-10-29--A Co.--100 Bks.

Julius M D. Williams

HEALTH DEPARTMENT—CITY OF BALTIMORE ✓

F 07467

F 07467

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) 2026 N. Calvert St. 12-01 (Ward)

2-FULL NAME J. M. D. Williams

(a) RESIDENCE NO. 2026 N. Calvert St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
male	white	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of January 19 1885

6 DATE OF BIRTH (Month, day, and year)

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	49	11/10	26	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Salesman
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town)
(State or country) Maryland

PARENTS

10 NAME OF FATHER Thomas J. Williams

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country)

14 Informant Mr. E. W. Hance
(Address) Roland Ave, Md.

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-15 193[illegible]

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

THE CAUSE OF DEATH was as follows:

Tubercular Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Morrison, M. D.

12/16, 19 34 (Address) 7632 Roland

State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Christ Church, Calvert Co.

DATE OF BURIAL Dec. 17, 193[illegible]

20 UNDERTAKER C. A. Harkness & Son

ADDRESS Mutual Md

DEC 17 1934

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269 F 07468 ✓ F 07468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Howard A. Kelly Hospital × 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1418 Eutaw Place St. 14-C (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Barbara E

2. FULL NAME Mrs. John Mosel

(a) Residence: No. Burton W. Va St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Mosel

6. DATE OF BIRTH (month, day, year) June 21 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wadestown W. Va

FATHER

13. NAME Abraham Shriver

14. BIRTHPLACE (city or town) (State or country) Wadestown W. Va

MOTHER

15. MAIDEN NAME Eliza Jane Straight

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT John Mosel

(Address) Burton W. Va

18. BURIAL, CREMATION, OR REMOVAL

Morgantown W. Va Date Dec 17. 1934

19. UNDERTAKER Chas. G. Black

(Address) 742 W. North Ave

20. FILED ..... 19... ..... Registrar.

DEC 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1934, to Dec 16, 1934

I last saw h.. alive on Dec 16, 1934 Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Body of the Uterus with Secondary abdominal carcinomatosis

Date of onset

Other contributory causes of importance:

Uraemia. 4 days.

Name of operation None Date of .....

What test confirmed diagnosis? Biopsy. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19...

Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ✓

(Signed) Wallace Heck M. D.

(Address) 1418 Eutaw Place

N. B.—WRITE PLAINLY, WITH CARBON INK—THIS IS A PERMANENT RECORD. EVERY item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268

F 07469

Ella E. Rowles

F 07469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. W. Balto. Hosp. St. 15-01 Ward)

Length of residence in city or town where death occurred, yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella E. Rowles

(a) Residence: No. 1425 N. Fulton St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm B Rowles

6. DATE OF BIRTH (month, day, year): (1878) 1879.

7. AGE: Years 55 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Berger
14. BIRTHPLACE (city or town) (State or country): Germany.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Wm E. Rowles
(Address): 1425 N. Fulton

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: 12/17 '34

19. UNDERTAKER: William Roth
(Address): 1217 St Paul St

20. FILED ... 19... Registrar

DEC 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 15 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Few Hours	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... (Coroner) ... M. D.
(Address) ... Coroner

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 12 F 07470

F 07470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 Riverside Ave 24-01 St., Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah L. Floyd

(a) Residence: No. 1007 Riverside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John R Floyd

6. DATE OF BIRTH (month, day, year) Feb 14 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	9	29 30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Hepsie

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Mrs M Madeline Headley 1007 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 17 1934

19. UNDERTAKER (Address) John T Denny 710 Light St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-13 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to December 13 1934

I last saw her alive on Dec 13 1934 Death is said to have occurred on the date stated above, at 12 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal Carcinoma	
Source not Known	

Other contributory causes of importance:

Terminal pneumonia

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Walter Walker M. D.

(Address) 827 Cathedral St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1268-4 F 07471

F 07471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 415 E. Grindall St., 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Daughter of: Mr. & Mrs. Milton A. Moon

(a) Residence: No. 415 E. Grindall St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 15, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Milton A. Moon

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ema M. Mubley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs. Milton A. Moon
(Address) 415 E. Grindall St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 17, 1934

19. UNDERTAKER John F. Denny
(Address) 703 Light St

20. FILED DEC 17 1934, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1934 to Dec. 15, 1934
I last saw her alive on Dec. 15, 1934. Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Premature Birth	
2 6 months	
Other contributory causes of importance:	
Exhaustion	8 hours

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

12/15/34 (Signed) H. C. Campbell M. D.
(Address) 1644 Hanover St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12[illegible] F 07472 ✓ F 07472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 S. Patonas St. 1-41 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Otelia Ernst

(a) Residence: No. 1116 S. Patonas St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Aug. 27, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) York (State or country) Pa

FATHER

13. NAME John Ernst.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Johanna Kist

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Capek. Helm (Address) 1116 S. Patonas St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date Dec. 17 1934

19. UNDERTAKER Wm Pickens Sons (Address) North & Paines

20. FILED DEC 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10th, 1934 to Dec. 14th, 1934

I last saw h[illegible] alive on Dec. 12, 1934. Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Estimated Oct. 1933

Other contributory causes of importance: ✓

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David W. Gould, M. D.

(Address) 1011 S. Ellwood Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 1-53

M. D. B. 1208-9 F 07473

2899 52

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07473

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Storm

(a) Residence No. 222 S Clinton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-8-1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Vincent Storm

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Josephine Weaver

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Hanover Pa Date DEC 17, 1934

19. UNDERTAKER W. G. Feiser
(Address) Hanover Pa.

20. FILED DEC 17 1934, 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934, to Dec 16, 1934.
I last saw him alive on December, 1916 Death is said to have occurred on the date stated above, at 2.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleural tumor, probably sarcoma	7 months ago
Emphysema, organism undetermined.	always

Other contributory causes of importance:
Cancer

Name of operation None Date of ...

What test confirmed diagnosis? Bronchoscopy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry O. Stebbins, M. D.
(Address) The Johns Hopkins Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1934

Spec.—1-30—M. & T.—250 Blks.

F 07474 ✓ F 07474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

11-001

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 732 W Saratoga ST., 4-01 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Eldonna Blackson

(a) RESIDENCE NO. 732 W Saratoga ST., WARD X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE Colored

5 Single, Married, Widowed, or Divorced, (write the word) Divorced

5a If married, widowed, or divorced, HUSBAND of or WIFE of wife of Fred. Johnson

6 DATE OF BIRTH (month, day, and year) July 4 1889

7 AGE Years 45 Months 5 Days 10 If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House Work

(b) General nature of Industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Ala Co Md

PARENTS

10 NAME OF FATHER Robert Blackson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Lucilla Grale

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Richard Blackson (Address) 1518 Rice St.

15 Filed DEC 17 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1934 to Dec 14 1934 that I last saw h[illegible] alive on Dec 13, 1934 and that death occurred, on the date stated above, at 1.05 A m.

The CAUSE OF DEATH* was as follows:

Influenza

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia

(duration) ... yrs. ... mos ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) H. F. Rowell M.D.

19 34 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cem

DATE OF BURIAL Dec 17 19 34

20 UNDERTAKER Charles G. Cooper

ADDRESS 514 N. Eutaw

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. H. 1268

F 07475

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07475

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 W Baltimore St. 11-01 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Wm E. Dorsey

(a) Residence: No. 1023 Jenkins St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah.

6. DATE OF BIRTH (month, day, year) Jan 15 - 1874

7. AGE: Years 60 | Months 10 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Henry Dorsey

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Rosie E. Ross

16. BIRTHPLACE (city or town) (State or country) Frederick Md

17. INFORMANT Mary Smith

(Address) 329 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date Dec. 17 1934

19. UNDERTAKER Charles S. Cooper

(Address) 517 N. Calhoun St.

20. FILED ..... 19.... ..... Registrar.

DEC 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows: Duration

Coronary Thrombosis Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Luck Coroner, M. D.

(Address) Coroner

Information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V 5 6

M. D. P. 1268-9 F 07476

F 07476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1523 Linden St., 14 Ward)

Length of residence in city or town where death occurred 84 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kali Kennard Simmons

(a) Residence: No. 1523 Lenden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 6 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	9	15 9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Geo Henry Simmons

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Elizabeth Bolon

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Laura B. Riley.
(Address) Oak Hill Dessuta Ind

18. BURIAL, CREMATION, OR REMOVAL
Place Linden Park Date Dec 17, 1934

19. UNDERTAKER Henry W. Jenkins & Sons
(Address) McCulloh St.

20. FILED DEC 17 1934, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to Dec 15, 1934

I last saw h[illegible] alive on Dec. 15, 1934. Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteris Sclerosis - cerebral -	1920
Hypostatic pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry D. McCarty M. D.

(Address) 37 W. Preston St

N. B.—WRITE PLAINLY, WITH UNFADING INK. Typewriting is preferred. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. File No. F 07477

F 07477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals - Tuberculosis Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Stitcher

(a) Residence: No. 769 W. Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ~~Bertie~~ Willie V. Stitcher

6. DATE OF BIRTH (month, day, year) Jan. 31, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME James E. Stitcher

14. BIRTHPLACE (city or town) (State or country) Unknown Balto Md

MOTHER

15. MAIDEN NAME Mary Shendoller

16. BIRTHPLACE (city or town) (State or country) ~~Unknown~~ Georgetown S.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date Dec 19 1934

19. UNDERTAKER Wm J. Jackson & Sons
(Address) Druid & Penna Aves

20. FILED DEC 17 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 10, 1934 to December 16, 1934
I last saw him alive on Dec. 16, 1934. Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Myer M. Jacobson, M. D.

(Address) Balto City Hospitals

INSTRUCTIONS—WRITE PLAINLY, with pen and ink. Fill in all blanks with information. If unknown, state so. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1936 F 07478

F 07478

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2136 W. North Ave. St., 15th Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hettie Howeth Stevenson

(a) Residence: No. 2136 W North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Stevenson

6. DATE OF BIRTH (month, day, year) May 24th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fairmount Md

FATHER

13. NAME Elias Howeth

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Harriet Muir

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Harriet Howeth Stevenson
(Address) 2136 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Sompat Co.
Princess Ann Date Dec 18 1934

19. UNDERTAKER Wm J Tucker & Son
(Address)

20. FILED Dec 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1934 to Dec. 15th 1934

I last saw her alive on Dec. 15th 1934 Death was occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

Tubular Pneumonia — Date of onset about Nov 4th 1934

Other contributory causes of importance:

Chronic Mitral lesion

Name of operation None Date of —

What test confirmed diagnosis? None performed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury —— 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify X

(Signed) O. H. Hoffman M. D.

(Address) 2500 Garrison Blvd.

information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1934

M. D. B. 126 F 07479 ✓ F 07479

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1414 N. Fulton Ave St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Luenda Fisher

(a) Residence: No. 1414 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	widowed

5a. If ~~married~~, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Elijah Fisher

6. DATE OF BIRTH (month, day, year) Dec 19-1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	11	27	26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hand Laundress

10. Date deceased last worked at this occupation (month and year) Oct. 1933

11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (city or town) (State or country) Balto. County

FATHER

13. NAME Elijah Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Co.

MOTHER

15. MAIDEN NAME Anne Doyle

16. BIRTHPLACE (city or town) (State or country) Balto. Co

17. INFORMANT Mrs. Jane E. Register
(Address) Lasland Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date DEC 17 1934 19

19. UNDERTAKER Geo H. Little
(Address) 2700 Edmondson Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15— 1934 to Dec. 15— 1934

I last saw h~~e~~r alive on Dec. 15 1934 Death is said to have occurred on the date stated above, at 3.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	Nov. 1933
Other contributory causes of importance:	
Chr. Myocarditis	Nov 1933

Name of operation None Date of

What test confirmed diagnosis? Clinical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jane Brown M. D.

(Address) 1663 W. North Ave.

DEATH

N. B.—WHITE PAPER, WITH CORRECT ANSWERS TO ALL QUESTIONS. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 12c F 07480

F 07480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2775 Tivoly Ave. St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nina Wilson Hanway,

(a) Residence: No. 2775 Tivoly Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of B.F.Hanway,Jr.

6. DATE OF BIRTH (month, day, year) July 22,1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	22 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ellwood Wilson,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary L.Everitt,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT B.F.Hanway,Jr

(Address) 2775 Tivoly Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date DEC 18 1934 19

19. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 15 1934

22. I HEREBY CERTIFY, That I attended deceased from November 21st, 1934 to December 14th 1934

I last saw her alive on Dec. 14th, 1934. Death is said to have occurred on the date stated above, at 11:55 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arthritis (general).	
Albumen-Urea	Un-known
Other contributory causes of importance:	
----------	prob

Name of operation None Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edwin B. Forsythe, M. D.

(Address) 3522 Greenmount Avenue, Balto. Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1934

M. D. B. F 07481

✓ F 07481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 4-O Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Beach

(a) Residence: No. 315 Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Jan 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Moore

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Dec 18, 1934

19. UNDERTAKER James A Stanley (Address) 142 North Eutaw St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934 to Dec 14, 1934

I last saw him alive on Dec 14, 1934 Death is said to have occurred on the date stated above, at 8 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Aortic Cusps	10 hrs
Myocardial Insufficiency	
& Congestive failure	
	over

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) I Pinquel, M. D.

(Address) Balt City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

S. 3

DEATH

M. D. B. 1268

F 07482

F 07482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospitals (Tb.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred 5yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Frederick

(a) Residence: No. 2130 Division st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 11, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Frederick

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Blanche Garner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date Dec 17 1934

19. UNDERTAKER Thos. E. Kelson
(Address) 1308 Freeman St.

20. FILED DEC 17 1934, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13 1934

22. I HEREBY CERTIFY, That I attended deceased from October 8 1934 to December 13 1934
I last saw h... im alive on December 13 1934. Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Meyer W Jacobson M. D.
(Address) Baltimore City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 M.

F 07483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07483

CERTIFICATE OF DEATH

82-001

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1019 N Calhoun ST., 16-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Addie Johnson

(a) RESIDENCE NO. 1019 N Calhoun ST., WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Colored	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Allen Johnson

6 DATE OF BIRTH (month, day, and year) March 15 1881

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53	53	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md

PARENTS

10 NAME OF FATHER Ewells Ballard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md

12 MAIDEN NAME OF MOTHER Sarah Waters

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Webster Smallwood

(Address) 1019 N. Calhoun St

15 Filed ... 19 ... Registrar

DEC 17 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 14, 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 7 . 1934. to Dec 14 . 1934. that I last saw her alive on Dec 14 . 1934 and that death occurred, on the date stated above, at 1230A m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Softening (duration) yrs. about 10 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) George MC Donald M. D.

. 19 (Address) 644 N Carey

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Zion Cemetery	Dec, 17 1934
20 UNDERTAKER	ADDRESS
Thos. E. Kelson	303 Presstman St

N. B.—WRITE PLAINLY, WITH CARBON PAPER UNDER THIS SHEET. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. Form 9

F 07484

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07484

CERTIFICATE OF DEATH

164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 648 E Franklin St. St., 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Dulaney Govett

(a) Residence: No. 648 E Franklin St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of George Govett

6. DATE OF BIRTH (month, day, year) March 28 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Col. William Dulaney

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) John A. Emory Topeka Kansas 117 Greenwood

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date Dec 17" 34

19. UNDERTAKER (Address) Joseph L. Cook 1003 N. Eutaw St.

20. FILED DEC 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-8-, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Poisoned by illuminating gas.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 12-8, 1934
Where did injury occur? Balto Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Turned on burner on gas stove
Nature of injury gas stove

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eugene Zeller M. D. Coroner

(Address) 2739 Eastern Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Physicians should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1268-9

F 07485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07485

180

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 S. Howard St. St. 23-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ----- mos. ----- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Carter.(C)

(a) Residence: No. 901 S. Howard St. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If ~~single, married, widowed, or divorced~~ (or) wife of William Carter.(C)

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Minnie Epps.(C)

(Address) 901 S. Howard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/17/34 19

19. UNDERTAKER Walter E. Sparrow

(Address) 139 N. Pulaski St.

20. FILED ..... 19..... Registrar

DEC 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental burns about the face and body due to fire from overheated stove.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident. Date of injury 12/12/34

Where did injury occur? 901 E. Howard St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury House on fire.

Nature of injury Burns of face and body.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto A. Reinhardt M. D.

Coroner

12/14/34 (Address) 1017 E. Charles St.

N. B.—WHILE LEGIBLE, WRITE WITH PEN AND INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. B. 1268-A

F 07486

F 07486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 127

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Donovan

(a) Residence: No. 3462 Cardenas Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cecilia Donovan

6. DATE OF BIRTH (month, day, year) Feb. 6 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Burner

10. Date deceased last worked at this occupation (month and year) DEC. 12, 1934

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Patrick Donovan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Sullivan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Cecilia Donovan

(Address) 3462 Cardenas Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 12/20 1934

19. UNDERTAKER Herman Lennon

(Address) 1611 Pitt St.

20. FILED DEC 17 1934 19..... Registrar

Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1934 to December 16, 1934

I last saw h... alive on December 16, 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cholecystitis	
2. Hypertension + cardiac failure	
3. Chronic myocarditis	
4. Broncho-pneumonia	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 12-14-34

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, ...

(Signed) J. M. Wagenseller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 07487

F 07487

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Corbin

(a) Residence: No. 1011 Bennett Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hattie

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Father

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Kitty Murray

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records (Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvery Cemet Date Dec 17th, 1934

19. UNDERTAKER Elroy O Wilson (Address) 1100 Brantleyave

20. FILED DEC 17 1934, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 8, 1934 to Dec 17, 1934

I last saw h[illegible] alive on Dec 17, 1934. Death is said to have occurred on the date stated above, at 9.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	?
Myocardial Insufficiency	2 hrs. (Last)
Congestive failure	
Other contributory causes of importance:	
	Chr

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J P Magee M. D.

(Address) East City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1934

M. D. F 1268-b

HEALTH DEPARTMENT—CITY OF BALTIMORE

07488 — DEC 7488

CERTIFICATE OF DEATH

J 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 773 Pine St., 17-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Joyce

(a) Residence: No. 77 Hatherly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christopher C. Joyce

6. DATE OF BIRTH (month, day, year) Dec 8 73.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dom'c

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robt Shalmer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Garrett

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Shirley

(Address) 841 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cross Roads Date Dec 8, 1934

19. UNDERTAKER Hamm & Baughman

(Address) 1001 Edmondson Ave

20. FILED DEC 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from August 1st 1934 to Dec 8 1934

I last saw h alive on Dec 3 1934. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	Dec 1 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. Lee Gill M. D.

(Address) 5214 Woodbine Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1208-9

07489 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 07489

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 Cole St. 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Biden

(a) Residence: No. 1718 Cole St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Biden

6. DATE OF BIRTH (month, day, year) March 17, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Forman B.&.O. R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 07

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME Emanuel Biden

14. BIRTHPLACE (city or town) (State or country) Baltimore County

MOTHER

15. MAIDEN NAME Mary Randle

16. BIRTHPLACE (city or town) (State or country) Baltimore County

17. INFORMANT Sarah Biden

(Address) 1718 Cole St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/18, 1934

19. UNDERTAKER Frederick A. Cole

(Address) 2008 W. Fondaul St.

20. FILED , 19.. Registrar

DEC 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/14/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/12, 1934, to 12/14/34, 19

I last saw him alive on 12/14/34, 19. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Diff. Nephritis	?
Mitral Regurgitation	?

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Terry, M. D.

(Address) 910 W. Lombard

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07490

CERTIFICATE OF DEATH

F 07490

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 318 1/2 South Bond St S. 3-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 30 yrs. ..... mos. ..... ds.

2. FULL NAME Frank Szymanowski

(a) Residence: No. 318 1/2 South Bond Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept, 10th/1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. By Trade

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Stanialaus Szymanowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Eva Makulinski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mr. Frank J. Macek

(Address) 1736 Aliceanna Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec, 18th, 1934

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann Street

20. FILED DEC 17 1934

21. Registration No. .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec, 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. E. Kerrigan M.D. M. D.
Coroner

(Address) 1305 N. Patterson Park Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

M. D. R. 1268-9

07491 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07491

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Lancaster St. 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph Budny.

(a) Residence: No. 1728 Lancaster Str St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — / —

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	40?	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " " 040

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wojciech Budny.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Katharine Chlopicka
(Address) 1728 Lancaster St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date 12/18 . 1934

19. UNDERTAKER William Fiaschetti
(Address) 1618 Eastern Ave

20. FILED DEC 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 15 — 34

22. I HEREBY CERTIFY, That I attended deceased from July - 30 . 1932 to DEC - 15 . 1934
I last saw him alive on DEC 15 . 1934 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 1932
Other contributory causes of importance:	
Coma —	

Name of operation ✓ Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank C. Bowers M. D.

(Address) 1756 Eutaw

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07492 07492

CERTIFICATE OF DEATH

117-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St. 27-01 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis Rogers

(a) Residence: No. 3507 Rogers St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Esther

6. DATE OF BIRTH (month, day, year): 1869

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 088

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Hirsh Bear Rogers

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Rose Misser

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Isaac Rogers

(Address): 3246 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Washington Rd Date 12/19/34 19

19. UNDERTAKER: Sol I Levis Inc

(Address): 2100 Eutaw Place

20. FILED DEC 17 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 17/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	
with general Peritonitis	7:1

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 508 E Fayette St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 6

M. D. B. 1268-9

F 07493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Found. in Woods
CITY OF BALTIMORE Pleasant Hope (St. 28-41 Ward)

Registered No. 190

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown Colored Man.

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (Write the word) Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) about-1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT B. W. Police Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Smithsonian Mem Date Dec 17, 1934

19. UNDERTAKER [illegible]
(Address)

20. FILED ... 19... [illegible] Registrar.

DEC 17 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12th 34

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Leek, M. D.
Coroner

(Address) Coroner

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use 32

M. D. B 1268-9 F 07494

F 07494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Provident Hosp St., 17-9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Smith

(a) Residence: No. 745 Bradley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1907

7. AGE: Years 27 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Yard
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: [illegible]
14. BIRTHPLACE (city or town) (State or country): [illegible]

MOTHER
15. MAIDEN NAME: [illegible]
16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Provident Hosp Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Univ of Md Date: Dec. 17 1934

19. UNDERTAKER: [illegible]
(Address)

20. FILED Dec 17 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 8 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Peritonitis	

Other contributory causes of importance: Fell down steps on abdomen

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury Nov 8 1934
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury Fell down steps
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. H. Linthicum M. D.
Coroner
(Address) Bodies

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vse 32

DEC 17 1934 0930 THE

F-07495

F 07495

B. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St. 14-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Harris

(a) Residence: No. 1723 Madison Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) November 20, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	9 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME James Harris

14. BIRTHPLACE (city or town) ..... (State or country) Maryland

MOTHER

15. MAIDEN NAME Leola Worsell

16. BIRTHPLACE (city or town) ..... (State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Hospital Date Dec. 17 1934

19. UNDERTAKER .....
(Address)

20. FILED ..... 19..... Registrar.

(9)38

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-20, 1934 to 11-22, 1934

I last saw h alive on 11-22 1934 Death is said to have occurred on the date stated above, at 6:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	11-20-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John M. Steven, Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 12[illegible]

F 07496

M F 07496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓+ 210-002

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St. [illegible] Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Anton Schmich

(a) Residence: No. Garland Linthicum Hts S. D. 1, A. A. Co. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) Dec. 22, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Washington Navy Yard.

10. Date deceased last worked at this occupation (month and year) DEC 14 1934

11. Total time (years) spent in this occupation 18 4

12. BIRTHPLACE (city or town) (State or country) Austria - Hungary

FATHER

13. NAME John Schmich

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Mary Roche

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Mrs. Rose Schmich

(Address) Garland, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date Dec 18 19 34

19. UNDERTAKER James W Singleton

(Address) Linthicum Heights Md

20. FILED DEC 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. [illegible], 19[illegible] to [illegible], 19[illegible]

I last saw h[illegible] alive on Dec. [illegible], 19[illegible] Death is said to have occurred on the date stated above at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12 14 1934

Where did injury occur? Crain Highway in Linthicum
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto he was driving collided with rear of truck.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St.

M. D. P. 1268-

F 07497

07497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus Moore

(a) Residence: No. 828 Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie (dead)

6. DATE OF BIRTH (month, day, year) Feb 24, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	9	20.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sophia Roberts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friend
(Address) East City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 17, 34

19. UNDERTAKER John H. Myers
(Address) 3000 E. Balto St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1933 to Dec 14, 1934

I last saw him alive on Dec 14, 1934 Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intraventricular (Cerebral) hemorrhage	Term

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagies M. D.

(Address) East City Hosp

M. D. B. 12 Rev. F 07498 F 07498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Wilson

(a) Residence: No. 702 N. Stricker St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) December 11, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
			16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Charles V. Wilson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Leona C. Burrish

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Med Coll Date Dec. 17 1934

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-11 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-11 1934 to 12-11 1934

I last saw h alive on 12-11 1934. Death is said to have occurred on the date stated above, at 4 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	12-11-34
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John M. Bruce Jr. M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B 1268-9

M F 07499

07499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St. 7-01 Ward)

Registered No. 7207

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herbert Moore

(a) Residence: No. Shelby, N.C.-(Transient Bureau, Balto., Md.)
(Usual place of abode) St. Ward (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	???

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of about 25 to 30 yrs

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
25 - 30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Probably Shelby N.C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johns Hopkins Medical Date Dec 17 1934

19. UNDERTAKER [illegible]
(Address)

20. FILED DEC 17 1934 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 8/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Trauma & lacerations of occipital & frontal Lobes of brain	Nov 27/34
Other contributory causes of importance: Fracture of Skull	Nov 27/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 27/34

Where did injury occur? Baltimore. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place B & O RR near Harford Ave

Manner of injury Probably Struck by north bound train early morning

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. K. Walter M. D.
Coroner

(Address) 506 E Hoffman

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 07500

07500 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Jan's Hosp. St. 20-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Schwartz

(a) Residence: No. 1940 Payson St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 11, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Chas. King

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Stone

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Alexis F. Schwartz

(Address) 1940 E. Payson St

18. BURIAL, CREMATION, OR REMOVAL

Place Bromo Clinic Date Dec. 19 34

19. UNDERTAKER George L. Schwartz

(Address) 121 Frederick Ave.

20. FILED DEC 17 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 11/28/34 . 19 . to 12/16/34 . 19 .

I last saw h[illegible] alive on 12/16/34 . 19 . Death is said to have occurred on the date stated above, at 11.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tularemia	11/28
Bronchopneumonia	12/15

Other contributory causes of importance:

Name of operation Appendectomy Date of 12/1

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earle D. Wilder M. D.

(Address) West Balto. Jan's Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. P. 1268-9

F 07501

07501

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2840 Elliott St., 1-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Piotr Plucinski

(a) Residence: No. 2840 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)			
June 1861			
7. AGE	**Years**	**Months**	**Days**	**If LESS than 1 day, hrs. or min.**
	73	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Paul Plucinski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary Dunj

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Bertha Briscoe

(Address) 4 N. Chester

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 18, 1934

19. UNDERTAKER Stephen J. Fralkowski

(Address) 1800 E. Lemmon St.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 6, 1933 to December 15, 1934

I last saw him alive on December 15, 1934 Death is said to have occurred on the date stated above, at 8 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	old case
Myocardial insufficiency	12-13

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical signs of death Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

I. B. Bronushas M.D.
(Signed) DR. I. B. BRONUSHAS M. D.

3037 O'DONNELL ST.
(Address)

N. B.—WRITE PLAINLY. Exact statement of information should be carefully assified. Exact statement of state CAUSE OF DEATH in OCCUPATION is very importa structions on back of ce

DEC 17 1934

M. D. R. 1934

F 07502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07502

CERTIFICATE OF DEATH

✓34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5221 Ready ave st., 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Owen P. Reynolds

(a) Residence: No. 122 S Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7 8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk, Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Thomas Reynolds

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary Rice

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Stella Watson

(Address) 5221 Ready ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 19 . 1934

19. UNDERTAKER Martin W. Gaffney

(Address) 912 S. Ann St.

20. FILED DEC 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 - 1934 to Dec 15 . 1934

I last saw him alive on Dec 15 . 1934 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aneurysm of Aorta (Luetic)	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Max Feinglo M. D.

(Address) 730 E. Fayette

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C.S. 3

M. D. P. 1268-0

F 07503

07503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto General Hosp. (Street) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ethel Reed

(a) Residence: No. 1928 Thomas Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel Reed

6. DATE OF BIRTH (month, day, year) Jan 21-1867

7. AGE — Years 67 | Months 10 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harding Co Ohio

FATHER

13. NAME Wm Reed

14. BIRTHPLACE (city or town) (State or country) Rogers Ferry W Va

MOTHER

15. MAIDEN NAME Maria Snow

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Wm Reed

(Address) 5504 Roland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 18th 34

19. UNDERTAKER Retinger & Co

(Address) 2224 N Charles St

20. FILED DEC 17 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1934 to Dec. 16, 1934

I last saw him alive on Dec 16 1934 Death is said to have occurred on the date stated above, at 4.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/11/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Leon Ashman, M. D.

(Address) West Balto Gen'l Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 17 1934

M. D. B 1268-9

F 07504

07504

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3106 Pinewood Ave. St. 27-61 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minta Copper Weer

(a) Residence: No. 3106 Pinewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James E. Weer

6. DATE OF BIRTH (month, day, year) May 18, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Copper

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Milleminta Perkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hartley C. Weer

(Address) 4906 Wildwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Kennedyville Md. Date Dec. 19. 1934

19. UNDERTAKER John O. Mitchell Sons Co

(Address) 1900 Eutaw Place

20. FILED DEC 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1934 to Dec 17 - 1934

I last saw h e alive on Dec 16 1934 Death is said to have occurred on the date stated above, at 10.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary anemia	1932

Other contributory causes of importance:

Arteriosclerosis	1930

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chas. J. Keller M. D.

(Address) 222 W. Monument St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

F 07505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07505

CERTIFICATE OF DEATH

✓ 164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 S. Charles St. St., 22-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 5 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M. Abbott.

(a) Residence: No. 5506 Lombardy Place. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of (WIFE of) Mary Abbott.

6. DATE OF BIRTH (month, day, year) July 7, 1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. President of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. W. Abbott Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Cornelius W. Abbott.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ida Mengel.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

17. INFORMANT C. Webster Abbott Jr. (brother)

(Address) 641 University Parkway.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date Dec 18. 19 34

19. UNDERTAKER John C. Stutchell & Sons

(Address) 1900 Eutaw Place

20. FILED DEC 17 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide.	
Illuminating gas poisoning.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

12/16/34 (Address) 1017 E. Charles St.

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 07506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07506

CERTIFICATE OF DEATH

✓ 164-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 Rapella St. St., 76-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Horvath

(a) Residence: No. 619 Rapella St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Horvath

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Mill Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth Steel Co.

10. Date deceased last worked at this occupation (month and year) 0

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Stephen Horvath

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Eliz. Horvath

(Address) 619 Rapella St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec. 18 1934

19. UNDERTAKER John B. Connelly

(Address) Essex Md.

20. FILED Dec 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:40 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Asphyxiation by Illuminating Gas

Suicide

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.

Accident, (suicide), or homicide? Yes Date of injury 12/16, 1934

Where did injury occur? 619 Rapella St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Asphyxiation Gas

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Pitrowski M. D.
Coroner

(Address) 1305 N. Patterson Pk.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

EC 11 1934

M. D. F. 1268-9

F 07507

07507

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Nichols

(a) Residence: No. 387 Canal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice 1876

6. DATE OF BIRTH (month, day, year) Dec 20 ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
? 57	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Chestertown
(State or country) Md

FATHER

13. NAME Jake

14. BIRTHPLACE (city or town)
(State or country) Md

MOTHER

15. MAIDEN NAME Edith Emmill

16. BIRTHPLACE (city or town)
(State or country) Md

17. INFORMANT Dorothy Bantam (Friend)
(Address) 1221 City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date 12-15 1934

19. UNDERTAKER [illegible]
(Address)

20. FILED DEC 17 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934 to Dec 12, 1934

I last saw him alive on Dec 12, 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency	?
Myocardial Insufficiency c failure	1 yr.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T Pregel, M. D.

(Address) Balt City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

07508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07508

186-001

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Champ

(a) Residence: No. 306 Hargrove Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
about 60				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blind

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Alabama

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Coroner
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12/18 1934

19. UNDERTAKER Daniel Easton
(Address) 1st Penna Ave

20. FILED DEC 17 1934 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....

I last saw h..... alive on ..... Death is said to have occurred on the ..... at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture L Lower Ribs	2 days

Other contributory causes of importance:

Hemorrhage in L Pleural Cavity Pressing Against Heart & Lung	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Fell down stairs in Home

Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury fall down stairs Emphysema

Nature of injury Fracture Ribs

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) James M Fowler M. D.
Coroner

(Address) 700 E Chase

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Hanna

HEALTH DEPARTMENT—CITY OF BALTIMORE

07509

CERTIFICATE OF DEATH

07509

92-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4422 Powell Ave. St. 24-01 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME James C. Hanna

(a) Residence: No. 4422 Powell Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clara L. Hanna

6. DATE OF BIRTH (month, day, year) Nov. 24-1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	0	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Elizabeth C. Hanna
(Address) 4422 Powell Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem. Date Dec. 18/34 19

19. UNDERTAKER Wm. F. Miller & Son
(Address) 2364 Jefferson St.

20. FILED ... Registrar.

17934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	
Rheumatism	? yrs
Endocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) 148 Elwood Ave.

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-2

F 07510

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07510

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 114 W Mulberry St. 4-01 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Bett Shipley

(a) Residence: No. 114 W Mulberly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel Shipley

6. DATE OF BIRTH (month, day, year) April 19 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Rooming

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co

FATHER

13. NAME Robert M Hewett

14. BIRTHPLACE (city or town) (State or country) Carroll Co

MOTHER

15. MAIDEN NAME Elizabeth Carroll

16. BIRTHPLACE (city or town) (State or country) Kingwood W. Va

17. INFORMANT Mrs Edmund Hewett

(Address) woodbine Md

18. BURIAL, CREMATION, OR REMOVAL

Place Springfield County Date Dec. 20 - 1934

19. UNDERTAKER C. M. Fritz

(Address) Hustfield Md.

20. FILED Dec 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
contributory	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ... Date of ...

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Not Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M Fenton, M. D. Coroner

(Address) 1002 E Chase

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 19 1934

M. D. F 12-40 F 07511

F 07511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 23-61 St., (Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bert Williams

(a) Residence: No. 113 Hammerbacker Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) March 5, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City dump

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Joseph Williams

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Martha Sultan

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson City Date 12/18 19 34

19. UNDERTAKER Walter B. Jones
(Address) 1394 Hamilton St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1934 to December 15, 1934

I last saw him alive on December 15, 1934 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 19 1934

M. D. 8 12[illegible]

F 07512

F 07512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Burgess

(a) Residence: No. 420 N. Vincent St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Pearl Burgess

6. DATE OF BIRTH (month, day, year): Oct 15th 1900

7. AGE: Years 34 | Months 2 | Days 8, 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd jobs

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Chas. Burgess

14. BIRTHPLACE (city or town) (State or country): Va & Md.

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Pearl Burgess 420 Vincent

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date Dec 18, 1934

19. UNDERTAKER (Address): Thomas E. Kelson 1323 Preston St

20. FILED DEC 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 19 34 to Dec 16 19 34

I last saw h alive on Dec 14 19 34. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Injury to right thorax

Tuberculosis abscess of R. thorax

Empyema left leg. 1 month

Bronchial Pneumonia 48 days

Other contributory causes of importance:

Name of operation: Exploratory Thoracotomy Date of

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Injury occurred (Date) Dec 16 19 34

Where did injury occur? Church should not be used (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) F. H. Kuntz M. D.

(Address) Towson

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1933-9 F 07513

F 07513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

44-003

1. PLACE OF DEATH Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St. 14-11 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Chase

(a) Residence: No. 2202 Pennsylvania St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Harvey Chase Sr

14. BIRTHPLACE (city or town) Balto (State or country) md.

MOTHER

15. MAIDEN NAME Maggie Brown.

16. BIRTHPLACE (city or town) Balto (State or country) md.

17. INFORMANT Sister (Address) 2202 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date Dec. 18, 1934

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Pressman St

20. FILED Dec 18 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-5-34, 19 to 12-14, 19 34

I last saw him alive on 12-14, 19 Death is said to have occurred on the date stated above, at 2.48 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, how?

(Signed) H. Chase M.D.

(Address) Provident Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D.C. 10 1934

M. D. F. 1268-9 F 07514

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07514

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18-06 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Conway

(a) Residence: No. 946 W Lanvale St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (Sp)

6. DATE OF BIRTH (month, day, year) Nov 8, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Sp)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Charles Conway

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lucy

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date Dec. 18 34

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pressman St.

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1934 to Dec 17, 1934

I last saw h alive on Dec 17, 1934 Death is said to have occurred on the date stated above, at 7:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Nephritis, arteriosclerotic	?
(b) Heart disease, arteriosclerotic	?
(c) Myocardial Insufficiency & Congestive failure	2 mos
Other contributory causes of importance:	Unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) I Phagen M. D.

(Address) Balt City Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. F 126 F 07515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07515

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 545 McCulloh St. 17-W (Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Jervis

(a) Residence: No. 545 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Jervis

6. DATE OF BIRTH (month, day, year) Nov 4 — 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Joseph Jervis

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Ella Jervis

(Address) 545 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/18/34 19

19. UNDERTAKER Mrs. George H. Holden

(Address) 1061 Druid Hill

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 . 1934 to Dec 15 . 1934

I last saw him alive on Dec 14 . 1934 Death is said to have occurred on the date stated above, at 5.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis, Uraemia	Year

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Billstein M. D.

(Address) 517 Hamilton Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 07516 HEALTH DEPARTMENT—CITY OF BALTIMORE RE 07516

CERTIFICATE OF DEATH

122-002

1. PLACE OF DEATH South Baltimore General Hospital Registered No.

CITY OF BALTIMORE: (No. 1213 Light St) (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harold Sereboff

(a) Residence: No. 2206 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		6 months	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Albert Sereboff

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sally Rohman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Father
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Name P. & Lemon Hill Cemetery 12/2/34 19

19. UNDERTAKER Jack Levin Inc
(Address) 1727 E. Balto St.

20. FILED Dec 19 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934 to Dec 17, 1934

I last saw h alive on Dec 18, 1934 Death is said to have occurred on the date stated above, at 4:35 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Intestinal obstruction due to intussusception	

Other contributory causes of importance:
Hydrocephalus
Polycystic Kidneys

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James F. Wells M. D.
(Address) 1213 Light St.

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07517 DRB 7517

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. ..... St., [illegible] Ward) 46

If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? ? yrs. mos. ds.

2. FULL NAME Meyer Baehr

(a) Residence: No. 2128 Mura St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of Henriette Baehr

6. DATE OF BIRTH (month, day, year): May 10, 1869

7. AGE: Years 65 | Months 7 | Days 7 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER
13. NAME: Leon Baehr
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Rose ?
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto. Hebrew Date: 12/19/34

19. UNDERTAKER: Jos. Levin & Sons
(Address): 737 E. Baltimore St.

20. FILED: DEC 19 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934 to Dec 17, 1934

I last saw him alive on Dec 16, 1934 Death is said to have occurred on the date stated above, at 4:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Carcinoma - Colon, Transverse	?
Obstruction - Intestinal	12/4/34

Other contributory causes of importance:

Cystitis - Follicular	12/13/34
Bronchitis - Purulent	12/14/34

Name of operation: Exploratory Laparotomy Date of: 12/13/34

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A. Gross M. D.

(Address) Balto City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268 B 07518 V F 07518

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

2931 93-003

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1101 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Caroline Cooper

(a) Residence: No. 341 Hollins St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/15/92

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Wm Robinson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Ellen Harris

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Cem Date 12/18/ , 1934

19. UNDERTAKER Frances A. Hemeley (Address) 518 W. Biddle St

20. FILED ... , 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1934 to Dec 15, 1934

I last saw her alive on Dec 15, 1934. Death is said to have occurred on the date stated above, at 8:35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	2 yrs
Myocardial infarction	2 days
Pulmonary infarction	3 weeks
Myocardial insufficiency	2 days
Other contributory causes of importance:	
Hypertension	2 yrs.
Thrombophlebitis Lt. axillary vein	5 days

Name of operation None Date of

What test confirmed diagnosis? EKG Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Virginia Simon Cone, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 93

M. D. P. 1268-9

F 07519 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07519

CERTIFICATE OF DEATH

46

1. PLACE OF DEATH U. S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No.) St., 5-01 (Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME George Sanco

(a) Residence: No. 217 N. High St., Baltimore, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Sebra Sanco

6. DATE OF BIRTH (month, day, year) April 15, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steelworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill 046

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Soros (State or country) Austria-Hungary

FATHER

13. NAME Nicholas Sanco

14. BIRTHPLACE (city or town) Soros (State or country) Austria-Hungary

MOTHER

15. MAIDEN NAME Fira Sorbon

16. BIRTHPLACE (city or town) Soros (State or country) Austria-Hungary

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place U.S. National Date 12/19 19 34

19. UNDERTAKER Robert Brooks & Son (Address) Calhoun & Holliday Sts.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 19 34

22. I HEREBY CERTIFY, That I attended deceased from November 3 19 34 to December 17 19 34

I last saw him alive on December 17 19 34. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	unk.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. D. Logan M. D.

(Address) U.S. Marine Hospital, Balto. Md.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

D 3

M. D. P. 1939 F 07520

F 07520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Washington Blvd Ward 21-01)

Length of residence in city or town where death occurred 5 yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Rita Johnson

(a) Residence: No. 917 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-17-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	—	1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm A Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nellie Mumbins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Wm A Johnson
(Address) 917 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Catholic Cem Date 12/18/34

19. UNDERTAKER Geo A Straley
(Address) Fulton & Fayette

20. FILED 19 Reg. No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/7/34 to 12/17/34 . 19

I last saw h... alive on 12/17/34 . 19 . Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Lobar	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Bernard J. Tracy . M. D.

(Address) 960 W Lombard

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

DEC 18 1934

M. D. B 1266 F 07521 ✓ M F 07521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen. Hospital St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Fizone

(a) Residence: No. 1823 N. Castle St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Nov. 20, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55		25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed for 5 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Jacob Fizone

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Annie Mursty

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs. Bertha Fargalis

(Address) 15 S. Swarthmore Av, Ventnor, N.J.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec. 18 19 34

19. UNDERTAKER Chas. C. Pearce & Son

(Address) 602 Madison Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15, 19..... to ....., 19.....

I last saw him alive on Dec. 15, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/15, 1934

Where did injury occur? North Ave & Druid Hill Av (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2250 E Madison St.

Information should be entered in ink or typewriter. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. Form 126

F 07522 ✓ F 07522

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1171 Huntcoke St. 21-61 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William D. Stallings.

(a) Residence: No. 1171 Huntcoke St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie C Stallings

6. DATE OF BIRTH (month, day, year) Aug 23rd 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 030

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardwood Barkster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm D. Stallinger

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary E. Kavanaugh

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Elsie C. Stallings

(Address) 1171 Huntcoke St.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date 12/20 1934

19. UNDERTAKER Bernard C Hahn

(Address) 1000 S Paca St

20. FILED [illegible] 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1934 to Dec 16, 1934

I last saw him alive on Dec 16, 1934 Death is said to have occurred on the date stated above, at 8:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	12/16/34

Other contributory causes of importance:

Chronic Nephritis, Chronic Hypertension,

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Fred. W. Bowers M. D.

(Address) 888 Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 53

M. D. P. 1265-9

F 07523 ✓ F 07523

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 98-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 98-01 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Lanier

(a) Residence: No. 7 E. Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jane

6. DATE OF BIRTH (month, day, year) Oct 17, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Hiram

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Maria

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Dec 18, 1934

19. UNDERTAKER Mrs. Katie R. Williams (Address) 322 N. Schroeder St.

20. FILED Dec 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934 to Dec 14, 1934

I last saw him alive on Dec 17, 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	12th

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Thrazer, M. D.

(Address) Balt City Hosp

Information should be carefully applied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F S 3

M. D. P. 1268-9 F 07524

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07524

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 18-21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dolores Hyman

(a) Residence: No. 830 Edmondson Ave. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	W A	Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/30/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	5 1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Bernice Langley (Mother)

(Address) 830 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date Dec. 18, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-15- , 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-11- , 1934, to 12-15- , 1934.

I last saw her alive on 12-15- , 1934. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12-10-34

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? Lab. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. McDonald M. D.

(Address) Provident Hosp

Information should be carefully supplied. All items should be answered. Physician should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

DEC 18 1934

M. D. B. 1268-9

F 07525

HEALTH DEPARTMENT—CITY OF BALTIMORE

M ✓ 07525

CERTIFICATE OF DEATH

210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital G-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Benjamin Howard Hammen

(a) Residence: No. 2130 Aiken St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Blanch.

6. DATE OF BIRTH (month, day, year) Aug 10, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	4	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John Hammen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Ostbuh

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. B. H. Hammen

(Address) 2130 Aiken St

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 12/18/34 19

19. UNDERTAKER Jos. Gibbons & Son

(Address) 2503 Edmondson Ave

20. FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ungiven, 19.... to ....., 19....

I last saw him alive on ungiven, 19.... Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/15/1934

Where did injury occur? Barford Rd & Harals Lane (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M. D.

Coroner

(Address) 2109 E Madison St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

DEC 18 1934

M. D. B 1268-9

F 07526 ✓ F 07526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF ~~INJURY~~ DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. 4-64 St., 51 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hawe Ling

(a) Residence: No. 212 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) China

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date Dec 19 '34, 19

19. UNDERTAKER Stewart Mortuary
(Address) 1201 Pennsylvania Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1934 to Dec 16, 1934

I last saw him alive on Dec 16, 1934 Death is said to have occurred on the date stated above, at 9:50 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Glans Penis — Date of onset ?

Other contributory causes of importance: Bronchopneumonia — 12/13/34

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel A. Gordon M.D.
(Address) Balto City Hospitals

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

4-8-3

M. D. B. 1305

F 97527

293 F 97527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 12-01 Ward)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Audrey Morrow

(a) Residence: No. 104 W. Univ. Pkwy St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Donald Morrow

6. DATE OF BIRTH (month, day, year) 3-3-1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Shop

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Warrenton Va

FATHER

13. NAME Memrod Morrow

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cems. Date Dec 18 34. 19

19. UNDERTAKER Stewart & Mowen Company

(Address) 108-20 North Avenue

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934, to Dec 15, 1934

I last saw her alive on Dec 15, 1934. Death is said to have occurred on the date stated above, at 11:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute monocytic leukemia	11/29/34
Other contributory causes of importance: Bronchopneumonia	12/15/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herbert Eggert M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268 F 07528 ✓ F 07528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2738 Mosher St. 16-21 Ward)

Length of residence in city or town where death occurred 79 yrs. 3 mos. 5 ds. How long in U. S. If of foreign birth? 79 yrs. 3 mos. 5 ds.

2. FULL NAME Mary Blanche Jones

(a) Residence: No. 2738 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Hugh H Jones

6. DATE OF BIRTH (month, day, year) Sept 12 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME John C. Henslaw

14. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

MOTHER

15. MAIDEN NAME Elizabeth L. Clarke

16. BIRTHPLACE (city or town) (State or country) Somerset Co Maryland

17. INFORMANT Mr Hugh H Jones Jr - son

(Address) 2429 Callow Hill St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 20 1937

19. UNDERTAKER Edward H Orrick Co.

(Address) 108 W North Ave.

20. FILED [illegible] 19 37 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 23, 1932 to Dec. 17, 1937

I last saw her alive on Dec. 16, 1937 Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

Acidosis - starvation
Terminal Pneumonia

Date of onset 1 wk ago. 4 days ago

Other contributory causes of importance:

Chronic myocarditis & nephritis
Arteri-sclerosis. Arthritis deformans
senility & senile dementia

Name of operation none Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Byrnth Lauson-Lambert, M. D.

(Address) 1224 Bloomingdale Road

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 07529

F 07529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

162

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 E. Arlington ave St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Carroll

(a) Residence: No. 511 E Arlington ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of John Carroll

6. DATE OF BIRTH (month, day, year) Oct 13 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Indies Isles France

FATHER

13. NAME Alphonsus Van De bourralle

14. BIRTHPLACE (city or town) (State or country) West India Isles, France

MOTHER

15. MAIDEN NAME Louise French

16. BIRTHPLACE (city or town) (State or country) West India Isles France

17. INFORMANT Mary Carroll Daughter

(Address) 511 E. Arlington ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 19 24

19. UNDERTAKER John F. Moran

(Address) 3000 E. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/16/24

22. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1924, to December 16th, 1924

I last saw her alive on Dec 16th, 1924. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INFIRMITIES OF OLD AGE	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Thomas L Shearn, M. D.

(Address) 3501 N. CHARLES ST

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H 1268-9

F 07530

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07530

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1921 Homewood Ave. St., 9-01 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary I. Vick

(a) Residence: No. 1921 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William P.

6. DATE OF BIRTH (month, day, year) March 27/1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Krebs

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Carrie ???

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James L. Vick

(Address) 1901 Homewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/8, 1934

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 10/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at about 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Genl Arteriosclerosis	
Senile Debility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Beeler Coroner, M. D.

(Address) 508 E Fayette

REVERSE OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

Dr Sylvest 2802 Harford Rd ✓ F 07531

F 07531

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4109 Hayward Ave. 27-61 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME May L. Hewitt

(a) Residence: No. 4109 Hayward Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ ~~HUSBAND OF~~ (or) WIFE of John Hewitt

6. DATE OF BIRTH (month, day, year) Jan unknown 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	10 11	unknown	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Chas. F. Carroll
(Address) 4109 Hayward Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 12/12 1934

19. UNDERTAKER William Cook
(Address) 217 St. Paul St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1934 to Dec. 16, 1934

I last saw her alive on Dec. 16, 1934 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis + Hypertension	Unknown
Chr. Myocarditis	
Other contributory causes of importance:	
Cerebral Hemorrhage	Dec 5.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) J. B. Sylvester M. D.

(Address) 2802 Harford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07532 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07532

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (Baltimore City Hospitals 16-01 Ward)

Registered No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Grewe

(a) Residence: No. 1719 Braddish Ave. Ward.
(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgia Grewe

6. DATE OF BIRTH (month, day, year) Dec. 6, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. "Theatrical" 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Palace Theatre

10. Date deceased last worked at this occupation (month and year) May 1931

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Grewe

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eliza [illegible]

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Fork M. E. Church Cem. Date Dec 19th 1934

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED DEC 19 1934, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934 to Dec. 16, 1934
I last saw h[illegible] alive on Dec 16, 1934 Death is said to have occurred on the date stated above, at 3:50 A.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Myocardial Insufficiency	5 yrs
Contributory failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. D. Magee M. D.
(Address) Balt City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1263-9

F 07535 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07533

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1706 Byrd St. 24-61 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie weber

(a) Residence: No. 1706 Byrd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ferdinand

6. DATE OF BIRTH (month, day, year) Jan 18-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X 037

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frank Dittrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Weller

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Edmund Seitz

(Address) 1706 Byrd St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date Dec 18, 1934

19. UNDERTAKER Wilbur Cook

(Address) 1217 St Paul St

20. FILED ... 19 ...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 25 1934 to Dec 16 1934

last saw h[illegible] alive on Dec 16 1934 Death is said to have occurred on the date stated above, at 4.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	[illegible]
Cerebral Hemorrhage	1.25.34
(Right side Hemiplegia)	
Other contributory causes of importance:	
uremia	4 Days

Name of operation none Date of

What test confirmed diagnosis Physical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased no If so, specify ...

(Signed) J. Edward Norris M. D.

(Address) 107 East west St.

X. B.—WRITE PLAINLY, and with ink. Please answer all questions. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07534

F 07534

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-004

Registered No. 8-01

I. PLACE OF DEATH

CITY OF BALTIMORE: (a) Baltimore City Hospitals St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Rickman Vency

(a) Residence: No. 1514 E. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Creamer (dead)

6. DATE OF BIRTH (month, day, year) June 1, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rickman Co Va

FATHER

13. NAME Louis

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Adeline Rich

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Hospital

(Address) Balt. City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond County Va Date 12/20 34 19

19. UNDERTAKER Arnold Euston

(Address) 16 Penna ave

20. FILED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1934 to Dec 16 1934

I last saw him alive on Dec 16 1934 Death is said to have occurred on the date stated above, at 1:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension, Myocardial Insufficiency & Failure	? 1/2

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Magee M. D.

(Address) Balt City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

07535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07535

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1704 Moreland Ave St. 15-C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Annette Berlin

(a) Residence: No. 1704 Moreland Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of Philip Berlin

6. DATE OF BIRTH (month, day, year) —, —, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Manchester, England

FATHER

13. NAME Isaac Emmanuel

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Philip Berlin

(Address) 1704 Moreland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Woodlawn Date Dec 18, 1937

19. UNDERTAKER H. Lerner Bro

(Address) 1127 E. Baltimore St

20. FILED 19 Registrar.

DEC 18 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1934 to December 17, 1937

I last saw her alive on December 17, 1937 Death is said to have occurred on the date stated above, at 11:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chronic Interstitial Nephritis	?
(2) Arteriosclerosis	?
(3) Uremia	?
(4) Chronic Myocarditis	?

Other contributory causes of importance:

(1) Diabetes Mellitus	?
(2)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify,

(Signed) Philip F. Lerner, M. D.

(Address) 1823 Moreland Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 07536

07536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1802 E. Madison St. W. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Dolly (Ford)

(a) Residence: No. 1802 E. Madison St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Robert Ford.

6. DATE OF BIRTH (month, day, year) May 16 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	43	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

13. NAME Henry Dolly

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

MOTHER

15. MAIDEN NAME Mary Hughes

16. BIRTHPLACE (city or town) (State or country) Cambridge Md.

17. INFORMANT Cora Gauby (Friend)

(Address) 1802 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Int. Calvary Date 12-20 1934

19. UNDERTAKER Robert B. Young

(Address) 504 N. Carrollton Ave.

20. FILED DEC 18 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1934 to Dec. 16 1934

I last saw h[illegible] alive on Dec. 16 1934 Death is said to have occurred on the date stated above, at 5.45 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11-28-34

Hypertension

Other contributory causes of importance:

Acute Myocarditis

Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis Phys. & Aut. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. L. Reese M. D.

(Address) 1720 E. Chase St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—9-30—A. & Co.—250 Bks.

F 07537 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 07537

CERTIFICATE OF DEATH. ✓ 107-001

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 813 Bevans ST 27-01 WARD)

2-FULL NAME Lacy John Johnson

(a) RESIDENCE NO. 813 Bevans ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 30 1915

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	19	4	15	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer 040
(b) General nature of industry, business, or establishment in which employed (or employer) Unemployed
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md.

PARENTS

10 NAME OF FATHER John Johnson
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Balto. Md
12 MAIDEN NAME OF MOTHER Fanni Hackett
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Balto Md.

14 Informant .....
(Address) 108 W. Montgomery

15 Filed DEC 18 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 15 37

17
I HEREBY CERTIFY, That I attended deceased from Dec 7, 19 37, to Dec 15, 19 37
that I last saw h[illegible] alive on Dec 15, 19 37
and that death occurred, on the date stated above, at 1.30 P.M.
The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. 9 ds.

CONTRIBUTORY .....
(Secondary)
(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? -
Did an operation precede death? No Date of -
Was there an autopsy? No
What test confirmed diagnosis? Gross sign.

(Signed) [illegible] M. D.
Dec 18, 19 37 (Address) 111 W. Lexington St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Ctr. DATE OF BURIAL 12/18/1934

20 UNDERTAKER Isaiah L. Brown & Son ADDRESS 108 W Montgomery

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

Spec.—2-29-28—L. F. S.—500 Bks.

F 07538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07538

CERTIFICATE OF DEATH

× 49

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 901 Aisquith Street ST. 10-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sr M Angelia Mary Stierer

(a) RESIDENCE NO. Convent of Notre Dame ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) May 24, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	7	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Srs. of Notre Dame

9 BIRTHPLACE (city or town) (State or country) Pittsburgh Pa.

PARENTS

10 NAME OF FATHER Peter Stierer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Angelica Michell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sister of Notre Dame

(Address)

15 Filed DEC 18 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 16, 1934

17 I HEREBY CERTIFY, That I attended deceased from June 24, 19 34, to Dec. 16, 19 34, that I last saw her alive on 12 Dec., 19 34 and that death occurred, on the date stated above, at 7.50 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Left ovary

Metastases, abnt.

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes Date of June 6 1934

Was there an autopsy? yes

What test confirmed diagnosis? Microscopic Exam.

(Signed) E. L. Kirby, M. D.

12/17, 19 34 (Address) 110 E. Northam

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Notch Cliff Md	Dec 19 1934
20 UNDERTAKER	ADDRESS
Frank A. Fitch	915 N. Gay St

important. See instructions on back of certificates

M. D. P. 1268-9

F 07539

07539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 76-1 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3219 E.Monument St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? 49 yrs. mos. ds.

2. FULL NAME Anna Duris

(a) Residence: No. 3219 E.Monument St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Duris

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 427

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

FATHER

13. NAME Joseph Svabek

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Catherine Sabek

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT (Address) Anna Willinger 3219 E.Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec.19 1934

19. UNDERTAKER (Address) Frank Cvach & Son 1906 Ashland Ave

20. FILED DEC 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.16/34 19

22. I HEREBY CERTIFY, That I attended deceased from June 1 34 to Dec 16 34 19

I last saw her alive on Dec 16 34 19 Death is said to have occurred on the date stated above, at 6 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	May 1934

Other contributory causes of Importance:

Cardiac Exhaustion	Dec 16 34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Rogauer V M. D.

(Address) 801 S Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. No. F 07540

F 07540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

161-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hosp. St. 21-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME William Rooks Jr.

(a) Residence: No. 212 S. Fremont ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Infant

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant.

6. DATE OF BIRTH (month, day, year) 12-11-34.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 212 S Fremont Ave Baltimore Md.

FATHER

13. NAME William Rooks.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Zelma Glascal

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Zelma Rooks

(Address) 212 S. Fremont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson's Cemetery Date Dec 18 . 1934

19. UNDERTAKER Charles G. Corbett

(Address) 514 N. Calhoun St.

20. FILED Dec 18 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-14-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-14. 1934 to 12-14. 1934

I last saw him alive on 12-14 1934 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from Umbilical Stump. — Date of onset

Other contributory causes of importance:

Name of operation Suture Umb. Stump. Date of 12-14-34

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. Wagle . M. D.

(Address) Univ. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

M. D. B. 1208 F 07541

F 07541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 114-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ... St., 4-al ... Ward)

Length of residence in city or ... Married ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Infant~~ x McNulty

(a) Residence: No. 411 Wilcott Rd. ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 3 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Bernard J. McNulty

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Marie Mueller

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. Bernard J. McNulty

(Address) 411 Wilcott Road Overlea, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date Dec 20 1934

19. UNDERTAKER Henry Koch Sons, Inc

(Address) 1301 E Baltimore St

FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/10/34 . 19 . to 12/18/34 . 19 .

I last saw h... alive on 12/18/34 . 19 . Death is said to have occurred on the date stated above, at 1.20 A m.

The principal cause of death and related causes of importance were as follows:

Complete Atalectasis — Date of onset 12/13/34

Other contributory causes of importance:

Massive Empyema Right
Partial atelectasis Left

Name of operation — Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNulty M. D.

(Address) University Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 07542

F 07542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 N. Bond St. 8-01 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M Hefner

(a) Residence: No. 1617 N. Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of August Hefner

6. DATE OF BIRTH (month, day, year) May 22-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
Age 70	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Johan Albert

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Kunigunda Hagner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Clara Eckhardt.
(Address) 1617 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 19 1934

19. UNDERTAKER Henry Hoelck & Son Inc.
(Address) 1301 E. Eager St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1934 to Dec 16 1934

I last saw her alive on Dec 15 1934 Death is said to have occurred on the date stated above, at 11.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr
Other contributory causes of importance: Pulmonary Edema & Anuria	1 wk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward S Cook M. D.

(Address) 4134 Wesmington

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 07543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07543

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. ..... St., 11-A Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Wallace

(a) Residence: No. 453 Orchard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Clara Fields Wallace

6. DATE OF BIRTH (month, day, year): Nov. 9, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 023

10. Date deceased last worked at this occupation (month and year): 1 year ago

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Ammond Wallace

14. BIRTHPLACE (city or town) (State or country): Price George Co. Va.

MOTHER

15. MAIDEN NAME: Mary Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country): Westminster Md.

17. INFORMANT (Address): Records, U.S. Marine Hosp. Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL: Potters Field Date 12/20, 34

19. UNDERTAKER (Address): Bernard J. Ruhnsley 418 Dumb Bell Ct

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1934 to December 16, 1934

I last saw him alive on December 16, 1934 Death is said to have occurred on the date stated above, at 1:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobular, rt. lower & middle lobes	Unknown
Other contributory causes of importance:	
Abscess, pulmonary, multiple	M

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. M. Boarder, M. D.

(Address) U.S. Marine Hospital, Balto., Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. [illegible] F 07544

F 07544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) 6-C

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Haskins

(a) Residence: No. 303 N. Bethel st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Richard Hasking

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Sallie ?

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date Dec 18 19 34

19. UNDERTAKER [illegible]

(Address) [illegible] Board of Health.

20. FILED DEC 18 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13 1934

22. I HEREBY CERTIFY, That I attended deceased from November 25 1933 to December 13 1934

I last saw him alive on December 13 1934 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1932

Other contributory causes of importance

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Meyer W Jacobson M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. F 07545

F 07545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 401

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Freeman

(a) Residence: No. 2 S Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: colored
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 4 1893

7. AGE: Years 41 Months 9 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER
13. NAME: Alfred
14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER
15. MAIDEN NAME: Lucy ?
16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Friends
(Address): Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place: University of Md Date Dec. 18 - 37

19. UNDERTAKER: [illegible]
(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 17. 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1933 to Dec. 17 1937
I last saw h[illegible] alive on Dec 17 1937 Death is said to have occurred on the date stated above, at 8:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleurisy c effusion (Tuberculosis)	1 year

Other contributory causes of importance:

Name of operation: Date of: No
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I Prazer M. D.
(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

S 6 3

M. D. B. 1268-9

F 07546

07546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5045 Robinson St. 1-61 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James E. Fitzgerald

(a) Residence: No. 5145 Robinson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma Fitzgerald

6. DATE OF BIRTH (month, day, year) July 5 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conf. Engrg. Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City 619

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) Balto. (State or country) Md

FATHER

13. NAME Michael Fitzgerald

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Mary Mahoney

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs Emma Fitzgerald

(Address) 5145 S. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evang. Cem. Date Dec. 19, 1934

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St.

20. Filed ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1934, to Dec 16, 1934

I last saw him alive on Dec 15, 1934. Death is said to have occurred on the date stated above, at 6.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis.	
Chronic Interstitial Nephritis	
Contributory Bilateral Pulmonary Tuberculosis	Aug 1934
Hypostatic Pneumonia	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edward Lawrence, M. D.

(Address) 842 S. Eden Alley

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-A F 07547

F 07547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

'34

Registered No. 5-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Knott

(a) Residence: No. 148 East St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 22, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7 Mo

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anne Leland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place University Md Date Dec 18, 1934

19. UNDERTAKER [illegible] Bureau of Health

(Address) [illegible]

20. FILED Dec 18 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1934 to Dec 13, 1934

I last saw h alive on Dec 13, 1934 Death is said to have occurred on the date stated above, at 12:35 p m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia
Myocardial Insufficiency
& Congestive failure

Date of onset 6 wks

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J Phagan M. D.

(Address) Balt City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 07548

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07548

CERTIFICATE OF DEATH

V 34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ballemore City Ways St., Ward) 1501

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nathan Richens

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Iowa

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT City Hosp. City Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Dec 18 1934

19. UNDERTAKER Robert Brooke & Sons

(Address) Eastern & Wolfe Sts

20. FILED ... 19...

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1934, to Dec 14, 1934.

I last saw h.. alive on Dec 14, 1934. Death is said to have occurred on the date stated above, at 10:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal bronchopneumonia	Dec 7 '34
Pulmonary tbc, ? type	?
Other contributory causes of importance	
CNS syphilis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Wara Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Harry J. Corum M. D.

(Address)

O.K. OCCUPATION is very important. See instructions on back of certificate.

V 8.3

M. D. B. 1268-9

F 07549

07549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 162

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 N. Calvert St. 12-01 Ward)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Reuben Holmes

(a) Residence: No. 1612 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Indianna Askew Holmes

6. DATE OF BIRTH (month, day, year) Oct. 14, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mill Hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mills

10. Date deceased last worked at this occupation (month and year) Mar. 1928

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

FATHER

13. NAME Holmes

14. BIRTHPLACE (city or town) (State or country) Howard Co Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

17. INFORMANT Mrs Fannie B. Gerhardt

(Address) 1612 N Calvert Street

18. BURIAL, CREMATION, OR REMOVAL

Place London Parklen Date Dec 19, 1934

19. UNDERTAKER N. Madison Mitchell

(Address) Havre de Grace Md.

20. FILED DEC 19 1934 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1934, to Dec 17, 1934

I last saw him alive on Dec 17, 1934. Death is said to have occurred on the date stated above, at 2:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infirmities of age	

Other contributory causes of importance:

Age	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify. (Signed) C. O. Cannon M. D.

(Address) 1701 N. Carolina Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12

F 07550

F 07550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 Fawn St., 20-A Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward Hennessy

(a) Residence: No. 304 Fawn St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret Hennessy

6. DATE OF BIRTH (month, day, year): June 29-1862

7. AGE: Years 64 | Months 5 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gen Repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self Employed Electrical Repair

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Edward Hennessy

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Margaret Handley

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Margaret Hennessy
(Address) 304 Fawn St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/19/34

19. UNDERTAKER: Wm. J. Kelly & Son
(Address) 501 W. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/34

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1929 to Dec 17 1934

last saw him alive on Dec 16 1934. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929

Other contributory causes of importance:

Cerebral Hemorrhage	Dec 13 1934

Name of operation not any Date of ...

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) H. W. Buxton M. D.

(Address) 304 East Fayette St

OCCUPATION is very important. See instructions on back of certificate.

F 07551

F 07551 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 93-004

County Baltimore Registration Dist. No.

Village or City Baltimore No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 15-01

2. FULL NAME Lodi Englar

(a) Residence: No. 2500 Elmor ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. COLOR OR RACE: White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of): Columbia A. Englar

6. DATE OF BIRTH (month, day, and year): Oct 9 1855

7. AGE: Years 79 | Months 2 | Days 8 | If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Sec. & Treas.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: A. P. Chandlee & Sons Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cumberland Md

FATHER

13. NAME: Josiah Englar

14. BIRTHPLACE (city or town) (State or country): Frederick Co. Md

MOTHER

15. MAIDEN NAME: Caroline Fraga

16. BIRTHPLACE (city or town) (State or country): Frederick Co. Md

17. INFORMANT (Address): Mrs Edward Yager 2309 Elsmor Ave Baltimore

18. BURIAL, CREMATION, OR REMOVAL: Place Pipe Creek Cem. Date Dec 20 1934

19. UNDERTAKER (Address): D D Hartsler New Windsor Md.

20. FILED ..... 19 ..... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec (Month) 17 (Day) 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec-13- 1934, to Dec- 17- 1934

I last saw him alive on Dec- 17- 1934; death is said to have occurred on the date stated above, at 11-30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & mild coronary thrombosis - Decompensation - Enlarged prostate causing obstruction of kidneys	? Dec-13 1934
Other Contributory Causes of importance: Acute dilatation of heart	Dec 17,

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wesley Call M. D.

(Address) 2202 Druid Park Drive

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. F 07552

F 07552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 20-01 Ward)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Goldstein

(a) Residence: No. 999 N. Monastery St., Ave. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4/24/30

7. AGE: Years 7 | Months 2 | Days 23 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

MOTHER

13. NAME Fanny Goldstein

14. BIRTHPLACE (city or town) (State or country) Pa —

FATHER

15. MAIDEN NAME Mary Graff

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Friends —

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place WOODS-PARK. Date 12/20/34

19. UNDERTAKER F. J. Burkhart

(Address) 1201 Eastern Ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1934 to Dec. 17 1934

I last saw h— alive on Dec. 17 1934 Death is said to have occurred on the date stated above, at 11 15 a. m.

The principal cause of death and related causes of importance were as follows:

Influenzal meningitis — Date of onset Nov 19, '34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. C. Keller, Jr. M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

E 07553

HEALTH DEPARTMENT—CITY OF BALTIMORE

07553

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 3-8-03 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Welfel (Birdie)

(a) Residence: No. 6420 Fenderstown Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry L. Welfel

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Emma J. Conchman

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Leo Welfel

(Address) 2335 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date Dec 20 1934

19. UNDERTAKER John Ulrich

(Address) 2008 Eastern Ave

20. FILED 1934 Dec 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1928 19 to Dec. 17 1934

I last saw her alive on Dec. 17, 1934 Death is said to have occurred on the date stated above, at 4:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Involutional Melancholia	7 yrs.
Contributory causes of importance:	
a. Pulmonary Tuberculosis	2 mos.
b. Cavities upper lobs	
c. Left Lupus	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Damian J. Glazer M. D.

(Address) 3326 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

07554

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07554

93-001

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4005 Highland Ave. St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ..... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary C. Anton

(a) Residence: No. 4005 S. Highland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND'S (or) WIFE of Henry J. Anton

6. DATE OF BIRTH (month, day, year) Nov. 8 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry J. Anton

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. B. Von Paris
(Address) 400 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 19. 1934

19. UNDERTAKER Lilly & Zeile Inc
(Address) 1038 Wilkens Ave.

20. FILED Dec 19 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1934 to Dec. 16 1934

I last saw her alive on Dec. 16 1934 Death is said to have occurred on the date stated above, at 2 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Nov. 13/34

Other contributory causes of importance:

Edema of Lungs	3 days

Name of operation None Date of

What test confirmed diagnosis Clinical (there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Henry B. Athey M. D.

(Address) 2504 St. Paul St.

CAUSE OF DEATH in plain terms so that it may be understood. See instructions on back of certificate.
OCCUPATION is very important.

A 3

M. D. P. 1268-9

F 07555

07555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West. Balto gen Hosp. 22-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Basilio Enlo

(a) Residence: No. 36 Wheeler Ave St., Balto. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sylvia Enlo

6. DATE OF BIRTH (month, day, year) Jan. 11 - 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch Room
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Joseph Enlo
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Rosa Volino
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Sylvia Enlo
(Address) 36 Wheeler Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Iwo Cathedral Date Dec 21, 1934

19. UNDERTAKER George L. Schwab
(Address) 2101 Frederick Ave.

20. FILED DEC 19 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-12-34, 19 to 12-18-34, 19

I last saw h/M alive on 3:30 A.M., 19 34 Death is said to have occurred on the date stated above, at 3:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Pneumonia - (Broncho)	12-17-34

Other contributory causes of importance:
2- Acute Ruptured gangrenous appendix

Name of operation Appendectomy. Date of 12-12-34

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Milton Levin, M. D.

(Address) West Balto. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

07556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07556

124-002

Registered No. 24-61

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1425 Cookrie St. (Ward) 24-61

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Elizabeth Kovacs.

(a) Residence: No. 1425 Cookrie St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anton Kovacs

6. DATE OF BIRTH (month, day, year) Aug. 7 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Hungary.

FATHER

13. NAME Jos. Fruskeller

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Anton Kovacs

(Address) 1425 Cookrie St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem AA Date 2/21/ 19 34

19. UNDERTAKER Charles L. Ellis

(Address) 1647 E. Fayette St.

20. FILED 2/21/34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17 19 34

22. I HEREBY CERTIFY, That I attended deceased from August 25 19 34 to Oct. 17 19 34

I last saw h alive on Oct. 14 19 34 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardiac Hypertrophic Cardiac 7 Liver	3 yrs.
Mitral Insufficiency 7	4
	3 Months
Other contributory causes of importance:	
Ascites Edema of Lungs	3 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B. G. Mace M.D.

(Address) 711 Cathedral St.

M. D. B. 1268-9

07557 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 02557

CERTIFICATE OF DEATH

154

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 Jackson St. 24-05 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Son of Mr. & Mrs. S. J. Granger

(a) Residence. No. 1737 Jackson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 16, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		2 1	14

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Samuel J. Granger

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Amelia L. Detzel

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Samuel J. Granger

(Address) 1737 Jackson St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson & Hooker's Chapel Date Dec. 18 1934

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16, 1934 to Dec. 18, 1934

I last saw him alive on Dec. 17, 1934 Death is said to have occurred on the date stated above, at 2A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
6 months	
Exhaustion	12/17/34

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. L. Campbell M. D.

12/18/34 (Address) 1644 Jackson

(OCCUPATION is very important. See instructions on back of certificate.)

F 97558 ✓ F 07558

29164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x157-001

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-W (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 16 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dys.

2. FULL NAME Mary A. Kemp

(a) Residence: No. Johnstown Pa. St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 8/3/33

7. AGE: Years: 1 | Months: 16 | Days: 13 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Stephen Kemp

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Mary Fatchuk

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Johnstown Pa Date Dec 15 34

19. UNDERTAKER: John G. Miller (Address) 2435 E. Monument

20. FILED: Dec 19 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1934, to Dec 16, 1934.

I last saw her alive on Dec 16 1934 Death is said to have occurred on the date stated above, at 1:45 p m.

The principal cause of death and related causes of importance were as follows:

Hydrocephalus — Date of onset birth

Other contributory causes of importance: none

Name of operation Exploratory Craniotomy Date of 12-1-34

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frances D'Schwentker, M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1289

F 07559

Feinstuch

✓ F 07559

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2224 Callow ave 23-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 25 yrs. ..... mos. ..... ds.

2. FULL NAME David Feinstuch

(a) Residence: No. 2224 Callow ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of Freda.

6. DATE OF BIRTH (month, day, year) 3-12-1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Taylor 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Hany

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Slatta

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Freda

(Address) 2224 callow ave

18. BURIAL, CREMATION, OR REMOVAL Place Rosedale Mem Date 12-19- 1934

19. UNDERTAKER Geo Lang Jol

(Address) 1939 E. Balto St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/34. 19

22. I HEREBY CERTIFY, That I attended deceased from apr 20 1934 to dec 18 1934

I last saw h[illegible] alive on Dec 18 1934 Death is said to have occurred on the date stated above, at 12.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma oesophagus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? X-ray + Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) B. L. Hornstein M. D.

(Address) 733 Aisquith St.

M. D. B. 12-29 F 07560

F 07560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Smith

(a) Residence: No. 15-38 S. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frances (dead)

6. DATE OF BIRTH (month, day, year) December 9, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James N

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Adelaide Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Ever Cem Date 12/7/ 1934

19. UNDERTAKER H. Burkett

(Address) 528 Lanvale St

20. FILED DEC 13 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1934 to Dec 18 1934

I last saw h alive on Dec 18 1934 Death is said to have occurred on the date stated above, at 2:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	?
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J P Magill M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

F 07561

F 07561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St. 6-01 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Amelia Dobson

(a) Residence: No. 2227 Lamby St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fmal	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James T Dobson

6. DATE OF BIRTH (month, day, year) Dec 16 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James L Dobson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sophia Ball

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James L Dobson
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date Dec 21 1934

19. UNDERTAKER John Merrick
(Address) 200 Orleans St

FILED DEC 19 1934 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.0 V a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance: Fracture of L Femur accidental	

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~, or ~~homicide~~? Yes Date of injury 11/30, 19 34

Where did injury occur? 2227 Lamby St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down steps

Nature of injury Fract of L Femur

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O O Herzog M.D. M. D.
Coroner

(Address) 130 N Patterson Park Ave

M. D. B. 12[illegible] F 07562

F 07562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5002 Liberty Hghts Ave St., 28 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wallace Lee Hawkins

(a) Residence: No. 5002 Liberty Hghts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29-1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	55	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bale City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos H Hawkins

14. BIRTHPLACE (city or town) (State or country) Va Md

MOTHER

15. MAIDEN NAME Anna L Wood

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Hawkins

(Address) 5002 Liberty Hghts

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Dec 19 19 37

19. UNDERTAKER Thos J Edward Sons

(Address) 1020 Lanvale

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17 19 37

22. I HEREBY CERTIFY, That I attended deceased from 12/15 19 37 to 12/17 19 37

I last saw him alive on 12/17/37 19 . Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Lobar Pneumonia	5 days
2)	

Other contributory causes of importance:

2) Rheumatic heart with mitral insufficiency	(?)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Earl L Chambers M. D.

(Address) 4804 Liberty Hts Ave

M. D. R. 1268-2 F 07563 ✓ F 07563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH The Union Memorial Hospital 127
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward) 1

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Sallie (Schuster) Peyser (Sarah Kenah Peyser)

(a) Residence: No. 2506 Chelsea Terrace St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Charles E. Peyser -

6. DATE OF BIRTH (month, day, year) Aug. 28, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55 yrs.	3	20	19

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER FATHER

13. NAME Mr Henry Kenah

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elizabeth Ennis

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs L. Kenah
(Address) Philadelphia Pa

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Savage, Md Date Dec 20 19 34

19. UNDERTAKER J. Fletcher Jones
(Address) North Parker

20. FILED DEC 20 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec. 2/1934 19 ... to Dec 17 19 34
I last saw her alive on Dec 17/34 19 ... Death is said to have occurred on the date stated above, at 11.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	?
Subdiaphragmatic abscess	?
Lobular pneumonia	?
Other contributory causes of importance:	
Cholecystitis	?

Name of operation Cholecystectomy Date of 12/9/34
What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so specify ...

(Signed) Henry M. Hexter M. D.
(Address) Union Memorial Hospital

M. D. B 1268-9

F 07564

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07564

CERTIFICATE OF DEATH

186-001

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellis B. Dawson

(a) Residence: No. 728 No. Gilmor Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lelia Dawson

6. DATE OF BIRTH (month, day, year) Apr. 23-1889.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Virginia

FATHER

13. NAME Bransin Dawson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha Saunders

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Lelia Dawson
(Address) 728 No. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 2 1934

19. UNDERTAKER Jim T. Rose Son
(Address) 638 N Gilmor

20. FILED 1930 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Inquiry , 19 . Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal injuries and shock	Dec 17 1934

Other contributory causes of importance:

Accident
Fractured femur.

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 17 1934

Where did injury occur? Baltimore, Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In public place St.

Manner of injury Fell from roofat 828 Mount

Nature of injury Internal injuries.

24. Was disease or injury in any way related to occupation of deceased?
Yes. If so, specify

(Signed) Jos. L. Holland M. D. Coroner

(Address) 16 South Broadway

M. D. P. 1936-9 F 07565 ✓ F 07565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1246 Battery Ave St., 24-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Jackson

(a) Residence: No. 1246 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha W. Jackson

6. DATE OF BIRTH (month, day, year) June 16 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O

10. Date deceased last worked at this occupation (month and year) 73

11. Total time (years) spent in this occupation Conductor

12. BIRTHPLACE (city or town) (State or country) Martinsburg W Va.

FATHER

13. NAME George W. Jackson

14. BIRTHPLACE (city or town) (State or country) Washington Unknown

MOTHER

15. MAIDEN NAME Caroline Frank.

16. BIRTHPLACE (city or town) (State or country) Golden Valley Maryland

17. INFORMANT (Address) Martha W. Jackson 1246 Battery Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date Dec 21 1934

19. UNDERTAKER (Address) A. Howard Evans 30 E Fayette St

20. FILED Dec 21 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1934 to Dec 18 1934

That I last saw him alive on Dec 18 1934 Death is said to have occurred on the date stated above, at 2.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	2 mos.
Arterio Sclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. F. Wheeler M. D.

(Address) 1279 William St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07566 F 07566

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4406 Rapp ave St., 24th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Starr Briggeman

(a) Residence: No. 4406 Rapp ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 23rd 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coach Painter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Charles Briggeman

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER

15. MAIDEN NAME Louise Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland.

17. INFORMANT Mrs. Briggeman
(Address) 4406 Rapp Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem. Date Dec 21, 1934

19. UNDERTAKER Fred Lassahn & Son
(Address) 7401 Belair Rd.

SIGNED 19

DEC 19 1934

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1933 to Dec. 15, 1934

I last saw h. alive on Dec 5 1934 Death is said to have occurred on the date stated above, at 10 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	
Brights disease	

Other contributory causes of importance:

Hypertention
Arteriosclerosis
Chronic Interstitial nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert G. Schnitker M. D.

(Address) 6409 Belair Road

AACo. 5-31 2500

F 07567

HEALTH DEPARTMENT—CITY OF BALTIMORE

07567

94-001

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 Rutland Av St., 8-01 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Evans

(a) Residence: No. 1509 Rutland Av St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Goldie Patterstn Evans

6. DATE OF BIRTH (month, day, year) Dec. 22, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

13. NAME Unknown Evans

FATHER

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Goldie Evans (Wife)
(Address) 1509 Rutland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date Dec. 19, 1934

19. UNDERTAKER [illegible]
(Address) [illegible]

DEC 19 1934

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-16-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov-30-, 1934, to Dec-16-, 1934

I last saw h[illegible] alive on Dec-10 1934 death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris-	1932
Bronchial Coronary Artery	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E. Gale Hall, M. D.

(Address) 1031 E. North Ave

M. D. B. 1268-9

F 07568

F 07568 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St. 13-01 Ward)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Fader

(a) Residence: No. Baltimore Apts. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lina O Fader

6. DATE OF BIRTH (month, day, year) Feb 27/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Mfg Off

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

FATHER

13. NAME Isaac Fader

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Asa Fader
(Address) 2 Balto St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Sinai Date Dec 20th, 1934

19. UNDERTAKER Levi Strauss & Son
(Address) 1401 Eutaw Pl.

DEC 19 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1934 to Dec. 18, 1934

I last saw h. alive on Dec. 16, 1934. Death is said to have occurred on the date stated above, at 4.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ND If so, specify ...

(Signed) Paul E. Carlines, M. D.

(Address) Sinai Hosp

M. D. F. 1208-3

F 07569

F 07569

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103-W-29th St., W-W Ward)

Length of residence in city or town where death occurred 41 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 74 yrs. 2 mos. 10 ds.

2. FULL NAME Oliver Weston Connet

(a) Residence: No. 103-W-29- St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary Richards Connet

6. DATE OF BIRTH (month, day, year): Oct-8-1860

7. AGE: Years 74 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Civil Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: W. M. R. R. Co.

10. Date deceased last worked at this occupation (month and year): About June 1934

11. Total time (years) spent in this occupation: 18yrs

12. BIRTHPLACE (City or town) (State or country): Green Co. Indiana

FATHER

13. NAME: Isaac Connet

14. BIRTHPLACE (city or town) (State or country): not known Pennsylvania

MOTHER

15. MAIDEN NAME: Lucinda Smith

16. BIRTHPLACE (city or town) (State or country): not known Ohio.

17. INFORMANT (Address): Mr Carville Dr Benson (Green Co) Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL. Place: Fort Lincoln Md. Date: Dec-20/34

19. UNDERTAKER (Address): Stewart & Green Co, 108 W Mon Ave.

20. FILED 19 Registrar

DEC 18 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1918 to Dec 18 1934

I last saw him alive on Dec 18 1934. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 18/34
Other contributory causes of importance: Coronary sclerosis	Nov 7/1931

Name of operation: none Date of: —

What test confirmed diagnosis? Cardiogram Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John A. Luebscher M. D.

(Address) 1 E Lager St — Baltimore

M. D. B. 12-49 F 07570

F 07570

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St. 17-W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Percy Pryor

(a) Residence: No. 915 Myrtle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col.	M.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Pryor

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 140

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Dec 19 '34

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/13/34 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1934 to Dec 13 1934

I last saw him alive on 12-13 1934 Death is said to have occurred on the date stated above, at 6:20P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor Pneumonia	12-2-34
Other contributory causes of importance:	
Myocardial failure	12-13-34
Fatty degeneration	1914

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. H. Fearing M. D.

(Address) University Hospital

M. D. No. F 07571 ✓ F 07571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Bank St., 3-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Stanislaw Pietrowicz

(a) Residence: No. 1613 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jozefa Pietrowicz

6. DATE OF BIRTH (month, day, year): May 7 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Casimer Pietrowicz

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Jozefa Pietrowicz
(Address): 1613 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Rosary Cem. Date: Dec. 20 1934

19. UNDERTAKER: Wm. S. Fialkowski
(Address): 2007 Eastern Ave

20. FILED [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/17/34

22. I HEREBY CERTIFY, That I attended deceased from 12/14 1934 to 12/17 1934

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1151 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	3 days

Other contributory causes of importance:

Heart failure	1 day

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos A. Ambrose M. D.

(Address) 1623 E Monument

M. D. F. 1268-9

F 07572

07572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 19-08 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Lowman
(a) Residence: No. 1222 S Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie (dead)

6. DATE OF BIRTH (month, day, year) Feb 21, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Unk
14. BIRTHPLACE (city or town) (State or country) Ind.

MOTHER
15. MAIDEN NAME Gray ?
16. BIRTHPLACE (city or town) (State or country) Ind.

17. INFORMANT Friends
(Address) East City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 12/21 19 34

19. UNDERTAKER A. Jones
(Address) 111 S Fulton st

20. FILED 19 Hospital Registrar.

12 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18. 1934 to Dec 19. 1934
I last saw him alive on Dec 19. 1934 Death is said to have occurred on the date stated above, at 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibrocheroid Myocardial Degeneration	?
C failure	?

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
No If so, specify
(Signed) J. P. Magee M. D.
(Address) East City Hosp

Spec.—9-30—A. & Co.—250 Bks.

✓ F 07573

07573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1031 Harlem Ave ST. 16-01 WARD)

2 FULL NAME Arthur Hensley

(a) RESIDENCE NO. 1031 Harlem Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Newton

6 DATE OF BIRTH (month, day, and year) 1890

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work porter

(b) General nature of industry, business, or establishment in which employed (or employer) Oyster

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Not Home

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Not Home

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Ruth Hutton
(Address) 1031 Harlem ave

15 Filed [illegible] 19 [illegible] Registrar

C 19 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 18, 1934

17 I HEREBY CERTIFY, That I attended deceased from December 16, 1934, to December 18, 1934, that I last saw him alive on December 18, 1934, and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) Malnutrition

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wood M. D.

, 19 (Address) 871 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Randalstown Md.

DATE OF BURIAL Dec 21st. Thursday 19 34

20 UNDERTAKER Elroy A. Wilson

ADDRESS 1000 Druid Hill Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07574

07574

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 122 N. Belnord ave St., 6-A Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Blake Evans

(a) Residence: No. 122 N. Belnord ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, year) Jan 21st 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Andrew J. Evans

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Hester Knorr

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Celestie
(Address) 122 N. Belnord

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Date Dec 20, 1934

19. UNDERTAKER John H. Kramer
(Address) 3000 E. Balto St.

Huntington Pharmacy

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/17/34

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934 to Dec. 17, 1934

I last saw him alive on Dec. 16, 1934. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis (chronic)	1/1/34
Other contributory causes of importance: General Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Eugene L. Pessano M. D.

(Address) 514 Drury Lane

M. D. B. 1268-9

F 07575

07575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1 Maryland Gen Hosp St. 12-61 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Kathryn Maple

(a) Residence: No. 2732 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Stewart Maple

6. DATE OF BIRTH (month, day, year) Sept 15th 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher 68

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missionary

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter Hughes

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine Bacon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Dec 20th 1934

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

19 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 13, 1934 to Dec. 15, 1934

I last saw her alive on Dec. 15, 1934. Death is said to have occurred on the date stated above, at 9:32 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Rheumatic Heart disease	5-13-34
b Cerebral Embolus	10-24-34
c Cardiac decompensation	12-13-34
d Acute cardiac dilatation	12-14-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Maude Elliott Babcock, M. D.

(Address) 1 Mt Vernon Pl.

M. D. B. 1268-9

E 07576

HEALTH DEPARTMENT—CITY OF BALTIMORE

07576

CERTIFICATE OF DEATH

94-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1924 Oakhill St., 9-01 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick J. McLain

(a) Residence: No. 1924 Oakhill St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary E. McLain

6. DATE OF BIRTH (month, day, year): April 19- 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Passenger Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna. R.R. Co.

10. Date deceased last worked at this occupation (month and year): 12-16-34

11. Total time (years) spent in this occupation: 42

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

FATHER

13. NAME: Thomas McLain

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Elmira Carns

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: Mary E McLain
(Address): 1924 Oakhill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 12/21 1934

19. UNDERTAKER: William Cook
(Address): 1217 St Paul Street

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): DEC 17 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1934 to 12/17, 1934

I last saw him alive on 12/17 1934 Death is said to have occurred on the date stated above, at 10 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Infarct.)	

Other contributory causes of importance: Angina Pectoris

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.

(Address) 5703 ...

M. D. F. 1268-9

✓ F 07577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1524 Linden Ave 14-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Lottie Grayson

(a) Residence: No. 1524 Linden Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married~~ widowed ~~or divorced~~ (or) WIFE of Joseph Grayson

6. DATE OF BIRTH (month, day, year) 8/9/80

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 37

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME John Arnold

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Lilli Fox

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Morland Park Date Dec 21st 1934

19. UNDERTAKER Wm Cook

(Address) 1217 E Pratt St

~~Registrar~~

C 191934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 1934 to Dec 18 1934

I last saw her alive on Dec 18 1934 Death is said to have occurred on the date stated above, at 10½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Staphylococcus)	12/10/34
Other contributory causes of importance:	
Cancer of tongue	3/1/34

Name of operation Cerebellar exploration Date of 12/8/34

What test confirmed diagnosis ~~Spinal puncture~~ Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward D. Stafford M. D.

(Address) Johns Hopkins Hospital

M. D. F. 1269-0

F 07578 ✓ F 07578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Gen'l Hosp St. 27-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Schneider

(a) Residence: No. 6210 Belleview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) August 27, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4 3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Chas. Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Utterricking

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hans Schuler
(Address) 7 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date December 20 34

19. UNDERTAKER Joseph B. Cook
Address 1005 W. Baltimore St.

20. FILED 12-19-1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/18/34

22. I HEREBY CERTIFY, That I attended deceased from 11/25/34 to 12/18/34

I last saw her alive on 12/18/34 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	?
Arteriosclerotic Cardio-vascular Disease = Hypertension	?
Other contributory causes of importance: Gangrene of left heel	?
Cardiac Failure	?

Name of operation Amputation Date of 12/6/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carle D. Wilder M. D.

(Address) 2318 Eutaw Place

West Balto. Gen'l Hosp.

M. D. B 1269-9

✓ F 07579

7579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (Th. 21-01)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Blum (Clarence Joseph Blum)

(a) Residence: No. 923 W. Barre st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Blum

6. DATE OF BIRTH (month, day, year) May 31, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store (Brager)

10. Date deceased last worked at this occupation (month and year) Unknown Dec. 1933

11. Total time (years) spent in this occupation Unknown 12 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Clarence Blum

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Carrie

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Dec. 21, 19 34

19. UNDERTAKER Arthur B. Cook
(Address) 1003 E. Baltimore st.

20. FILED 12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 19 34 to Dec. 18, 19 34

I last saw h im alive on Dec. 18, 19 34 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1928

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

07580

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07580

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 666 W. Fairmount Ave Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rosalie Smith

(a) Residence: No. 666 W. Fairmount Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jimmie Brady

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Margret Smith

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Henry Brown
(Address) 666 W Fairmount

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 12-2 1934

19. UNDERTAKER Harris Eastern
(Address) 1139 Eastern Ave

20. FILED 12-1-1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/1/1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., I last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Zellers M. D.
Coroner
Address 1139 Eastern Ave.

M. D. B. F 07581 ✓ F 07581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2320 E. Fayette St. St. 20-C Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Daniel Strobel

(a) Residence: No. 2320 E. Fayette Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Strobel

6. DATE OF BIRTH (month, day, year) Nov. 7, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Enamel Wks.

10. Date deceased last worked at this occupation (month and year) Dec. 10, 1934

11. Total time (years) spent in this occupation 11 yr.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Rose Strobel
(Address) 2320 E. Fayette Street

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Hill Date Dec. 20, 1934

19. UNDERTAKER H. SANDER & SON, INC. H. Sander
(Address) Baltimore & Broadway

20. FILED ..... 19.. ..... Registrar.

DEC 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12th, 1934 to Dec 17, 1934

I last saw him alive on Dec 17, 1934 Death is said to have occurred on the date stated above, at 11.55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 7
Acute Dilatation of Heart	"
Other contributory causes of importance:	
Chronic Myocarditis	Years
Chronic Nephritis	"

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Gregory H. Sander M. D.

(Address) .....

M. D. B. 15-9 F 07582 ✓ F 07582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 E. Chase Street St. 11-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Eleanor Smith

(a) Residence: No. 11 E. Chase Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm. A. Smith

6. DATE OF BIRTH (month, day, year) Dec. 15, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Philip Hiltz

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Christine Stutt

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. William A. Smith
(Address) 11 E. Chase

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date Dec. 20, 1934

19. UNDERTAKER H. SANDER & SON, INC. H. Sander Son
(Address) Baltimore & Broadway

20. FILED DEC 20 1934 (Signature of Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1933 to Dec. 18, 1934
I last saw he alive on Dec. 17, 1934. Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Skeletal decalcification probably
Hyperparathyroidism
Severe Secondary anemia
preceding above date

Date of onset

Other contributory causes of importance:
asthenia progressive
Cachexia last 2 or 3-4 mos.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carroll Lockard, M. D.

(Address) 4 E Preston St

M. D. B. 1269-A F 07583

F 07583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3516 Poole St St., 13-61 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie L. Ford

(a) Residence: No. 3514 Poole St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Oliver A. Ford.

6. DATE OF BIRTH (month, day, year) Sept ? 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME Phillip Russell.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Oliver A. Ford.

(Address) 3516 Poole St.

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hampden Date Dec 20, 1934

19. UNDERTAKER Edmonds & Son.

(Address) 36 15-17 E Lanvale Ave.

Filed ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 5 1930 to Dec 17 1934.

I last saw her alive on Dec 17, 1934. Death is said to have occurred on the date stated above, at 9.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiorenal disease	Unknown
Other contributory causes of importance: Pulmonary Tuberculosis	Unknown

Name of operation none Date of —

What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) C. W. Dudenhoefer, M. D.

(Address) 850 N. Eutaw

M. D. F. 1268-2

MF 07584

MF 07584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick J. Weber

(a) Residence: No. 2015 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Dec. 12, 1914

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
20		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Taxi

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frederick W Weber

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Frances Lokota

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Frederick W. Weber
(Address) 2015 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Date Dec 21, 1934

19. UNDERTAKER Libby Funeral Co.
(Address) 405 E. Lanvale St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ongoing, 19... to ... 19...

I last saw him alive on ongoing, 19... Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	

Other contributory causes of importance:

Automobile Accident	✓

Name of operation none Date of

What test confirmed diagnosis: none Was there an autopsy: no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/17, 1934

Where did injury occur? Exeter St. nr. Lowe St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto, he was driving

Nature of injury collided with a horse

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify ✓

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E Madison St.

M. D. R. 1934-9 F 07585

F 07585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 147

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. St. 26-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Veronica Pfadenhauer

(a) Residence: No. 3708 Hudson st St., ... Ward. Maternity

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Pfadenhauer

6. DATE OF BIRTH (month, day, year) June 20 - 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
40	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Stephen Helfer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lena Schmutz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Pfadenhauer Husband

(Address) 3708 Hudson st

18. BURIAL, CREMATION, OR REMOVAL Place Loud Hospital Date Dec 21 1934

19. UNDERTAKER Lilly Zeller Jr

(Address) 403 So Broadway

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-13 1934 to 12-17 1934

I last saw h alive on 12-12-34 1934 Death is said to have occurred on the date stated above, at 2:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pregnancy	3-30-34
Toxemia of pregnancy	12-12-34

Other contributory causes of importance:

Name of operation Lateral Rectal Incision Date of 12-16-34

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) J. M. Nagemeller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D-29-1934

M. D. B. 1268-B F 07586

F 07586

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N. Churchill St. St., 22-01 Ward)

Length of residence in city or town where death occurred 40 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nelson Vaughters.(C)

(a) Residence: No. 4 N. Churchill St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6a. If ~~XXXX~~ widowed, ~~XXXXXXX~~ HUSBAND of ~~XXXXXXX~~: Do not know.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	-------		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U-U-O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Henry Vaughters.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Jane Floys.(C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Wirt Vaughters.(C) brother.

(Address) New Rochelle, N.Y.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cem. Date 12/18, 1934

19. UNDERTAKER Walter B. Sawyer

(Address) 139 W. Lanvale St.

20 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 15 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Edward Reinhardt, M. D.
Coroner

12/13/34 (Address) 1017 E. Charles St.

M. D. H. 388-9

F 07587

F 07587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2062 E. Eager St. 8-01 Ward)

Length of residence in city or town where death occurred 58 yrs. 1 mos. 1 da. How long in U. S. If of foreign birth Life yrs. mos. da.

2. FULL NAME Barbara Frank

(a) Residence: No. 2062 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Frank

6. DATE OF BIRTH (month, day, year): Aug. 1st 1861

7. AGE: Years 73 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): York. Pa.

FATHER

13. NAME: John Schlagenhaft

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Not. Known

16. BIRTHPLACE (city or town) (State or country): Not. Known

17. INFORMANT: Mr. Joseph Frank

(Address) 2062 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL: Cem.

Place: Most Holy Redeemer Dec 22 1934

19. UNDERTAKER: Fahey Flook & Sons, Inc.

(Address) 1301 E. Eager St

DEC 20 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Dec 19 1934

I last saw her alive on Dec 19 1934. Death is said to have occurred on the date stated above, at 2.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	12/17/34
Other contributory causes of importance: Fractured Femur	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. F. Mazzy M. D.

(Address) 1001 E. Baltimore St

M. D. B. 1265

T 07588

F 07588

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 631 Bartlett Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Pennington

(a) Residence: No. 631 Bartlett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of HUSBAND of John F. Pennington

6. DATE OF BIRTH (month, day, year) May 10 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Sabastine Reis

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Ewald

(Address) 631 Bartlett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 12/21/34 19

19. UNDERTAKER Philip Herring Sons

(Address) 2416 Eastern Ave

20. FILED DEC 21 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18. 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/11/34 to 12/18/34

I last saw her alive on 12/17/34 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio vascular renal disease	1930
Other contributory causes of importance: Cardiac insufficiency	May

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Neal R Bowden M. D.

(Address) 1517 E. North Ave

Spec—12-23-21—5,000 Blks.

F 07589

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07589

CERTIFICATE OF DEATH.

Registered No. 159

1-PLACE OF DEATH

City of BALTIMORE: (No.) 3810 Mt. Pleasant Ave (St., Ward) Devon

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Devon

(a) Residence No. 3810 Mt. Pleasant Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX M

4-COLOR OR RACE, White

5-Single, Married, Widowed, or Divorced (Write the word.) Single

6-If married, widowed, or divorced HUSBAND of (or) WIFE of —

7-DATE OF BIRTH (month, day and year) Dec 19/34

8-AGE — yrs. — mos. — ds. If LESS than 1 day, 3 hrs. or — min.

9-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10-BIRTHPLACE (city or town) (State or Country). Balto Md

PARENTS

10-NAME OF FATHER, John J. Devon

11-BIRTHPLACE OF FATHER (city or town) (State or Country). Balto Md

12-MAIDEN NAME OF MOTHER, Irene Ivey

13-BIRTHPLACE OF MOTHER (city or town) (State or Country). Balto Md

14-(Informant) John J. Devon

(Address) 3810 Mt. Pleasant Ave

15-Filed [illegible] 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). 12/19/34

17- I HEREBY CERTIFY, That I attended deceased from Dec 14/34 to Dec 19 19 34

that I last saw h... alive on Dec 19 19 34

and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Premature Birth

Cause I

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? none.

(Signed) Wm Stemperly M. D.

, 19 (Address) 46 Eastern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL Oak Lawn — DATE OF BURIAL. Dec 20 1934

20-UNDERTAKER Philip Hennig Sons — ADDRESS 2016 Orleans St

M. D. B. 12684 F 07590 M F 07590

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 210-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Brogan

(a) Residence: No. 2419 Guilford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47 46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman (Stay)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edgewood Arsenal do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

13. NAME Patrick Brogan

14. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

15. MAIDEN NAME Ann Clark

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Michael Delaney

(Address) 2419 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 12/21, 193[illegible]

19. UNDERTAKER M. M. Weidefeld

(Address) 600 E 22nd St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 19[illegible], to ....., 19.....

I last saw h[illegible] alive on Dec 17, 19[illegible] Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/17, 193[illegible]

Where did injury occur? North Ave & Fremont
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across Street

Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Pokorny M. D.
Coroner

(Address) 200 E Madison St

M. D. F 12[illegible]

F 07591

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07591

CERTIFICATE OF DEATH

V 59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Mc Elderry) (Ward) 1-C

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie Hluffy

(a) Residence: No. 1612 MC Elderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced (or) WIFE of John Hluffy

6. DATE OF BIRTH (month, day, year) July 12 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	— 5	— 5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hair dresser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward Young

14. BIRTHPLACE (city or town) (State or country) Middle River Md.

MOTHER

15. MAIDEN NAME Emeline Preston

16. BIRTHPLACE (city or town) (State or country) Middle River Md.

17. INFORMANT (Address) John Hluffy (Husband) 1612 Mc Elderry st

18. BURIAL, CREMATION, OR REMOVAL

Place Md Memorial Cem Date Dec 20th 1934

19. UNDERTAKER (Address) Mrs Robert R. Elliott 1129 Washington ave

20. FILED 19 Registrar

DEC 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1934, to Dec 17, 1934.

I last saw her alive on Dec 17, 1934. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	Dec 2 1934

Other contributory causes of importance:

Diabetis Mellitus	4 years
Pneumonia Duplex	Dec 1934
Hypostasis	4 yrs ago

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Young M. D.

(Address) 1429 Eutaw Place st

M. D. B. 1268-2

F 07592

F 07592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3901 5th St., Brooklyn Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of Thomas W. & Christina Gorman

(a) Residence: No. 3901 5th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 19 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn md

MOTHER FATHER

13. NAME Thomas W Gorman

14. BIRTHPLACE (city or town) (State or country) Baltimore md

15. MAIDEN NAME Christina Worth

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Mr. Thomas W Gorman
(Address) 3901 5th st.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec 20, 1934

19. UNDERTAKER John F. Dennis
(Address) 715 Light St

20. FILED ..... 19 ..... Registrar.

Dec 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1934 to Dec 19, 1934

I last saw him alive on Dec 19, 1934 Death is said to have occurred on the date stated above, at 6:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Blue baby	
Other contributory causes of importance:	
Undetermined	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury — , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. E. Smith Jr. M. D.

(Address) 910 Light St.

Spec. 2-29-28 - L. F. S. - 500 Blks.

F 07593

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07593

94-002

CERTIFICATE OF DEATH

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 709 N. Monroe ST., 16-01 WARD)

2—FULL NAME William Howard Strong

(a) RESIDENCE NO. 709 N. Monroe ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs Eva Strong

DATE OF BIRTH (month, day, and year) Jan 22/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	10	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Salesman

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Schmidt's Bakery

BIRTHPLACE (city or town) (State or country) Baltimore City

10 NAME OF FATHER Geo H. Strong

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore County Md

12 MAIDEN NAME OF MOTHER Emma K. Towson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore City

Informant Mrs Blanche Akl

(Address) 711 N Monroe St

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 19-34

17 I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 19, 1934, that I last saw him alive on Dec. 18, 1934 and that death occurred, on the date stated above, at 3.25 a.m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) Chronic Bronchitis

(duration) 2 yrs. 6 mos. 6 ds.

18 Where was disease contracted if not at place of death? Baltimore City

Did an operation precede death? No Date of None

Was there an autopsy? No

What test confirmed diagnosis? Clinical Methods

(Signed) Geo. L. Shannon, M. D.

12/19, 1934 (Address) 700 N. Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Western Cemetery	Dec. 22, 1934
20 UNDERTAKER	ADDRESS
John R. Henry.	715 Light St.

F 07594

F 07594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 Fleet St St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bror. Borgstrom

(a) Residence: No. 1637 Fleet St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of 2

DATE OF BIRTH (month, day, year) - 2

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
35	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Sweden

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Sweden

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Dec 7 19 34

UNDERTAKER Wm. H. Deppel Sons

(Address) Master & E. Oppel Sons

FILED DEC 8 1934 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 3, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7 0' m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Illuminating Gas	
Probable Accidental	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? Yes Date of injury 12/3, 34

Where did injury occur? 1637 Fleet
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling of Gas

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. F. Herzog M.D. Coroner, M. D.

(Address) 3057 Patterson Park

M. D. No. 07595

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07595

CERTIFICATE OF DEATH

V 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara Haskins

(a) Residence: No. 853 W. Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
27			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. attorney

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. law office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University Md Date Dec 20 1934

UNDERTAKER

(Address)

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 6 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The prinripal cause of death and related causes of importance were as follows:

Hemorrhage due to gunshot wound of heart — Date of onset

Other rontributory rauses of importance:

Name of operation ..... Data of

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Injury 12-3-1934

Where did injury occur? Balto Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gunshot wound

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Eugene Zeller M. D. Coroner

(Address) 2739 Eastern Ave

M. D. B. 1288-0

07596

HEALTH DEPARTMENT—CITY OF BALTIMORE 07596

CERTIFICATE OF DEATH X 122-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BRYAN TIMMONS

(a) Residence: No. LAUREL MD. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Nov. 24 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. CHILD.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) LAUREL (State or country) MD.

FATHER

13. NAME Leonard Timmons

14. BIRTHPLACE (City or town) Laurel Md (State or country)

MOTHER

15. MAIDEN NAME Ida Laurel

16. BIRTHPLACE (City or town) Laurel Md. (State or country)

17. INFORMANT Leonard Timmons (Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL Laurel Md Date Dec. 22/34

19. UNDERTAKER Lyd Laurel (Address) Laurel Md

(Signature of Undertaker or Undertaker's Representative) Registrar

DEC 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-18 1934 to 12-19 1934

I last saw him alive on 12-19 1934 Death is said to have occurred on the date stated above, at 7:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
INTESTINAL OBSTRUSTION (VOLVULUS)	12-18

Other contributory causes of importance:

RELEASE OF VOLVULUS Date of 12-19-34

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify

(Signed) Howard Stackhouse Jr. M. D.

(Address) Laurel Hospital.

M. D. P. 1908-9

597

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07597

CERTIFICATE OF DEATH

157-003 Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St. 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret E Beach

(a) Residence: No. 1305 Hollins St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 12th 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER FATHER

13. NAME William E. Beach

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Helen Trautz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr. William E. Beach

(Address) 1305 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 12/21/ 1931

19. UNDERTAKER John J Cowan & Son

(Address) 1301 Hollins St.

20. FILED 1931 Register

DEC 22 1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1931 to 12-19 1931

I last saw her alive on 12-19 1931 Death is said to have occurred on the date stated above, at 9.21 m.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease Congenital — Date of onset

Other contributory causes of importance:

Bronchopneumonia 12-18-31

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Faw M. D.

(Address) University Hospital

F 07598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07598

72-001

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals 80-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Frank
(a) Residence: No. 6717 Youngstown Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 27, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Pkg. Corp
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia
13. NAME George W Frank
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME Frances Purcell
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Friends
(Address) Balt City Hosp
18. BURIAL, CREMATION, OR REMOVAL
Place Oak Grove Va Date 12-22-34
19. UNDERTAKER Kendall & Humphreys
(Address) 1101 N. Broadway.
20. FILED DEC 20 1934 [illegible] Registrar
Motor Hearse

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18. 1934
22. I HEREBY CERTIFY, That I attended deceased from October 9. 1934 to Dec 18. 1934
I last saw h[illegible] alive on Dec 18. 1934 Death is said to have occurred on the date stated above, at 10 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid Leukemia	Unk

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) Balt City Hosp

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07599

CERTIFICATE OF DEATH

V 46 F 07599

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1524 E. Baltimore St. 5-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 27 yrs. ... mos. ... ds.

2. FULL NAME Joseph Peregoff

(a) Residence: No. 1524 E. Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bessie

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Lazer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Bessie Peregoff
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cedar Hill Date 12/20/34 19

19. UNDERTAKER Jos. Sauer, Inc.
(Address) 1739 E. Biddle St.

20. FILED ... 19 ... Registrar.

DEC 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/34 19

22. I HEREBY CERTIFY, That I attended deceased from Dec-14- 1934 to Dec-19- 1934

I last saw him alive on Dec-19- 1934 Death is said to have occurred on the date stated above, at 8:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	4/34

Other contributory causes of importance:

None

Name of operation none Date of ...

What test confirmed diagnosis? X-rays Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

M 07600

HEALTH DEPARTMENT—CITY OF BALTIMORE

07600

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2620 Quantico Ave 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Simon Shaul Paper

(a) Residence: No. 2620 Quantico Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leba

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Setton 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Pattel

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Esther

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Wife

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sinai Mt Carmel Date 12/20/34

19. UNDERTAKER Jos D. Levin Inc

(Address) 1412 E. Baltimore

20. FILED DEC 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/34 19

22. I HEREBY CERTIFY, That I attended deceased from Sept-11- 1934 to Dec-19- 1934

I last saw him alive on Dec-19 1934 Death is said to have occurred on the date stated above, at 7 30 m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 9/11/34

Other contributory causes of importance:

none

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

D. B 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07601 RE 07601 V 23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Beverly

(a) Residence: No. 2509 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced: BUSBAND of (or) WIFE of Wm. H. Beverly

DATE OF BIRTH (month, day, year) July 7 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	34	5		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME Nathaniel Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Wm Beverly

(Address) 2509 McCulloh St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Dec 12-26 1934

UNDERTAKER Geo. E. W. Gibson

(Address) 1735 Druid Hill Ave

FILED ..... 19 ..... Registrar.

DEC 20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. J. Herzog M.D. Coroner, M. D.

(Address) 1203 N. Eutaw Balto. Md.

M. D. R. 1268-9

07602 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 07602

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1507 E. 29th. St. St., 9-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katie Baker

(a) Residence: No. 1507 E. 29th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May. 16. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Baker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Emily Spates

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emma M. Baker

(Address) 1507 E. 29th. St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date Dec. 21, 1934

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19. 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17. 1934 to Dec. 19. 1934

I last saw her alive on Dec. 19. 1934 Death is said to have occurred on the date stated above, at 6 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Other contributory causes of importance: Myocarditis Chronic	1932

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Edgar P. Sandrock M. D.

(Address) Medical Arts Building

M. D. B. 1208-9

F 07603

F 07603 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 417 Notre Dame Lane St. 27-4 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella V. Youse

(a) Residence: No. 417 Notre Dame Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank W. Youse

6. DATE OF BIRTH (month, day, year) Dec. 25, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John W. Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Susannah Johnson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Frank W. Youse

(Address) 417 Notre Dame Lane

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemy. 12/21/34

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar.

20 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1934 to Dec 19, 1934

I last saw her alive on Dec 19, 1934 Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1933
Metastasis of Liver, Mesentery, Stomach	
Arteriosclerosis	1932
Chronic Interstitial Nephritis	1932
Other contributory causes of importance: Tumor	1934

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Bruch, M. D.

(Address) 501 Sheridan Av.

F 07604

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07604

CERTIFICATE OF DEATH

82-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 107 E. Addison St., 15-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida May Kaline

(a) Residence: No. 107 E. Addison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John Wm Kaline

DATE OF BIRTH (month, day, year) April 23rd 1865

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	66	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md

13. NAME Abram Lapp Hafner

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Frederick Md.

17. INFORMANT Mrs. Daisy Mae Howard

(Address) 107 E. Addison St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec. 24 1934

19. UNDERTAKER George L. Schwab

(Address) 4101 Eastern Ave

DEC 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/34 19

22. I HEREBY CERTIFY, That I attended deceased from 12/17/ 1934, to 12/19/34 19

I last saw h alive on 12/19/1934 death is said to have occurred on the date stated above, at 8:20 A. m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset !

Other contributory causes of importance:

Cerebral thrombosis — 12/1/34.

Name of operation — Date of

What test confirmed diagnosis? Autopsy No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Bernard J. Levy M. D.

(Address) 4104 W. Lombard

M. D. B. 1939

F 07605

M F 07605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Emrine

(a) Residence: No. Catonsville Manor, Catonsville, Balto Co. Md
(Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Peter Emrine

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Wenger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barger (sister)
(Address) 609 Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 12/20/34

19. UNDERTAKER J. J. Fahey & Sons
(Address) 618 Light St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/16, 1934

Where did injury occur? Maiden Ave nr Johns Hopkins Hosp
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking along road

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

M. D. F 07606

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07606

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD. St., No-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Samuel Kruegel

(a) Residence: No. 3313 (Usual place of abode) Clifmont Ave Ward. Baltimore City (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Aug 29th 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 040

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — McKeesport Pa

13. NAME — George Kruegel

14. BIRTHPLACE (city or town) (State or country) — Germany

15. MAIDEN NAME Margaret Weis

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth Geissinger

(Address) 3313 Clifmont Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Dec 22nd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 29 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1934

22. I HEREBY CERTIFY, That I attended deceased from November 28 1934 to December 19 1934

I last saw h[illegible] alive on Dec. 19 1934. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis & Uremia	—
	2 yrs —

Other contributory causes of Importance:

Name of operation — Date of —

What test confirmed diagnosis? Urine Was there an autopsy? Yes—

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. M. Rosenwald, M. D.

(Address) ST. JOSEPH'S HOSPITAL

H. D. B. 1268-0

F 07607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7607

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospital 12-01 Ward)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William D Jenkins

(a) Residence: No. 420 E Lombard St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 28 1924

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Forsyth Ga

13. NAME OF FATHER John Jenkins

14. BIRTHPLACE (city of town) (State or country) Somerville Ga

15. MAIDEN NAME OF MOTHER Julia Edwards

16. BIRTHPLACE (city or town) (State or country) Compton Ga

17. INFORMANT (Address) Mrs. Julia Jenkins 1120 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL Place Lawn Ga Date 12/30 1924

19. UNDERTAKER (Address) Jenkins Funeral Home 1411 E Lafayette Ave

20. FILED 1924 1924 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1924

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at about 1.30 m A.M.

The principal cause of death and related causes of importance were as follows:

Convulsions

(cause undetermined - probably intestinal)

Duration of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Coroner M. D.

(Address)

H. D. B. 1268-0

F 07608

F 07608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ~~1447 N. Hilton~~ St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in City or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edward Pfeil

(a) Residence: No. 1907 N. Hilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

6. If married, widowed, or divorced HUSBAND (or) WIFE Albertta M. Pfeil.

DATE OF BIRTH (month, day, year) Jan. 23, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employee of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Nat'l Bank

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 009

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Henry Pfeil.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Stumpf

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Edgar L. Pfeil

(Address) 1907 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Dundalk, Date Dec 21, 19 34

19. UNDERTAKER Wm. H. Lugg & Sons

(Address) Govans Md

20. FILED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Dec 18 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Embolism	

Other contributory causes of importance:

Coron. Sclerosis

Emphysema

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. E. Chaney, M. D. Coroner

(Address) City

H. D. B. 1268-b

E 07609

HEALTH DEPARTMENT—CITY OF BALTIMORE

7609

CERTIFICATE OF DEATH

Registered No. 46

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 23-01 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Adele Skinner

(a) Residence: No. 1513 Marshall St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced
HUSBAND of (or) WIFE of Percy Stevens Skinner

DATE OF BIRTH (month, day, year) Feb 27 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Pa.

12. NAME Jo. Wills

13. BIRTHPLACE (city or town) (State or country) N. J.

14. MAIDEN NAME Ann Harbauer

15. BIRTHPLACE (city or town) (State or country) Phila, Pa.

16. INFORMANT Emily W. Hughey
(Address) Phila Pa

17. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa Date 12/21 1934

18. UNDERTAKER George A Farley
(Address) Fulton & Fayette

D1934 Remitted to Health Department

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1934 to Dec 19th 1934
I last saw h alive on Dec 19th 1934 Death is said to have occurred on the date stated above, at 1.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?
Other contributory causes of importance: Perforation of gastric ulcer Peritonitis	

Name of operation Excision of Rectum Date of 12-7-34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Daniel P Robinson M. D.

(Address) Mercy Hosp

M. D. P. 1208-9

Watson F 07610

07610 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 107-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 407 Geneva St., 11-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gilbert Watson

(a) Residence: No. 407 Geneva St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 27-1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wilson Watson

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

15. MAIDEN NAME Martha Watson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mother Watson

(Address) 407 Geneva St.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemty Date 12/22 1933

19. UNDERTAKER Watts B. Spriggs & Sons

(Address) 139 W. Hamburg St.

Filed 1934 By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1933 to Dec 19 1933

I last saw h alive on Dec 15 1933 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset Dec 13 1933

Other contributory causes of importance:

none

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. L. Pettigrew M. D.

(Address) 1211 Madison Ave

07611

F 07611

HEALTH DEPARTMENT—CITY OF BALTIMORE

2,92620

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 72-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Williard Gaymon, Jr.

(a) Residence: No. 1441 W. Conway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 6/2/34

8. AGE — Years: | Months: 6 | Days: 17 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ..... do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Williard Gaymon

14. BIRTHPLACE (city or town) (State or country): Bahamas Island

15. MAIDEN NAME: Pettis Fowlkes

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Dec 22, 1934

19. UNDERTAKER: Joseph A. Lucky
(Address) 1406 N. Mount Street

1934 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) Dec-19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov-15, 1934, to Dec-19, 1934

I last saw him alive on Dec-19, 1934 Death is said to have occurred on the date stated above, at 4 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar:	Nov 15
Empyema	Dec 7
Pleuralis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Hoffler Jr. M. D.

(Address) Johns Hopkins Hospital

C. D. P. 1268-9

F 97612

97612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 424 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Kaida Noonan

(a) Residence: No. 2315 N Lafayette Ave St. 424 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 10, 1873

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
61	1	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Butte Mont

13. NAME Cornelius Noonan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Clifford

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hosp. Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec. 21, 1934

19. UNDERTAKER Morbo Baker & Sons

(Address) 1527 W. Northern Ave.

01934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1934 to Dec 18, 1934

I last saw her alive on Dec 18, 1934 Death is said to have occurred on the date stated above, at 3 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vasc Renal Disease	
Arteria Sclerosis	
Coronary Sclerosis	
Br. Pneumonia	Dec 14

Other contributory causes of importance:

Hypertension	
Rectal Hemorrhage	oovl

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

H. D. B. 1268-9

F 07613

7613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2744 Harlem Ave. 16-a Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles W. Franke

(a) Residence: No. 2744 Harlem Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Caroline L. Franke

DATE OF BIRTH (month, day, year) Aug 30. 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Examiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schoendman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME August Franke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Cecilia Thielke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Caroline L. Franke

(Address) 2744 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date Dec 21. 1934.

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 801 W. Fayette St.

FILED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1934.

22. I HEREBY CERTIFY, That I attended deceased from October 1934 to Dec. 18, 1934

I last saw h... alive on December 2, 1934 Death is said to have occurred on the date stated above, at 3.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1929
Other contributory causes of importance: Cerebral Hemorrhage	2 hrs

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury No

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. G. Jones M. D.

(Address) 720 N. Wolfe St

F 07614

H. D. B. 1268-9

7614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 10-61 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Max Lehmann

(a) Residence: No. 753 E Preston St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of (Dead) Catherine

6. DATE OF BIRTH (month, day, year) July 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

13. NAME August

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Records Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 12/20/34

19. UNDERTAKER (Address) J. J. Fahey Son 1218 Park Ave.

20. FILED 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1934 to Dec 17, 1934

I last saw him alive on Dec 17, 1934 Death is said to have occurred on the date stated above, at 7:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Myocardial Insufficiency	
C Failure	3 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) I Phagel M. D.

(Address) Balt City Hosp

Z. D. B. 1268-9

615

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07615

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (Tb.) St. 5-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Oliver

(a) Residence: No. 277 N. Exeter st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Colored	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Oliver

DATE OF BIRTH (month, day, year) Sept. 1, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Packing house

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Oscar Hill

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Annie Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 12/20 34

19. UNDERTAKER
(Address)

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 13 1934

22. I HEREBY CERTIFY, That I attended deceased from December 8 1934 to December 13 1934
I last saw her alive on December 13 1934 Death is said to have occurred on the date stated above, at 2:30 m a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mayer W Sweeney M. D.
(Address) Baltimore City Hospitals

D. B 1208-9

F 07615

07616 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. 27-91 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred H. Edwards

(a) Residence: No. 2412 Steele Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 2, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME Addison Edwards

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT William Edwards

(Address) 2412 Steele Road.

BURIAL, CREMATION, OR REMOVAL

Detroit Michigan Date Dec 21, 1934

UNDERTAKER Chenoweth's Son

(Address) 2615-17 Chestnut Ave

FILED Dec 21 1934 H. E. Lee Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilation of Heart	12-18-34
Gastric Distress?	12-18-34
Other contributory causes of importance: Gun Shot Wound of Thorax & Abdomen (Self Inflicted)	12-18-34

Name of operation None. Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Suicide Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home - 2412 Steele Road (City)

Manner of injury Gun Shot Wound Self Inflicted

Nature of injury " " Thorax & Abdomen

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Hossley Coroner M. D.

(Address) 7632 Roland Ave

M. D. F. 1268-0

✓ F 07617

HEALTH DEPARTMENT—CITY OF BALTIMORE

07617

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 5-C (Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Callahan

(a) Residence: No. 109 Fitzsimth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) October 25, 1867

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Michael

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary McBride

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Records
(Address) East City Hosp.

17. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cemetery Date 12/21/1934

18. UNDERTAKER G. T. Fanning & Son
Address 1938 E. Lafayette Ave.

Huntington, Md. 12/20/1934
(Date Received) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 17. 1934

22. I HEREBY CERTIFY, That I attended deceased from December 6 1934 to Dec 17 1934.

I last saw h.. alive on. Dec 17 1934 Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis,	?
Pericardial Fibrillation,	?
Myocardial Insufficiency & Failure	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magee M. D.

(Address) East City Hosp.

07634

H. D. B. 1268-9

F 07618

7618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

116

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2838 St. Paul St. St., 12-01 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George R. Plater

(a) Residence: No. 2838 St. Paul St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Plater

DATE OF BIRTH (month, day, year) May 11, 1853

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

13. NAME John Plater

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Price

16. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

17. INFORMANT Mrs. Joseph A. Capelle, Jr.

(Address) 2838 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Dec. 21, 1934

19. UNDERTAKER Joseph A. Cook

(Address) 1003 N. Baltimore St.

DEC 21 1934 Huntington ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24th, 1934, to Dec 18th, 1934.

I last saw him alive on Dec 18th, 1934. Death is said to have occurred on the date stated above, at 12:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arterio-sclerosis	12/13/34
Coma	
Pulmonary Oedema	12/16/34

Other contributory causes of importance: Gastroenteritis 2 7/12 Days
Dehydration & Acidosis 2 Days
A Benign Structure of Oesophagus

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Hilbran J. Messick, M. D.

(Address) 1700 Linden Ave.

M. D. B. 1268-9

E 07619

07619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5004 Elmer ave St., 27-81 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Conchetta Bufano

(a) Residence: No. 5004 Elmer Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Michele Bufano

7. DATE OF BIRTH (month, day, year): Jan. 1 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: no

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Italy

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Italy

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Maurice Bufano

(Address): 5004 Elmer Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date 12/22 1934

19. UNDERTAKER: C. Vernon Lemmon

(Address): 4611 Park Heights

FILED DEC 21 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1934 to Dec 20, 1934

I last saw h[er] alive on Dec 20, 1934. Death is said to have occurred on the date stated above, at 3A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paraplegia	6 mos ago

Other contributory causes of importance:

Ascending Spinal Sclerosis	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. B. Ensor M. D.

(Address) 4936 Park Heights Ave

H. D. B 1268-0

F. 7620

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07620 02920 A

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St. 17-21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm Jackson

(a) Residence: No. 1127 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Single
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single
7. DATE OF BIRTH (month, day, year): 1913
AGE: Years 21 | Months | Days | If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Portland Me
13. NAME of Father: Wm Jackson Sr
14. BIRTHPLACE (city or town) (State or country) of Father: Md.
15. MAIDEN NAME of Mother: Bell
16. BIRTHPLACE (city or town) (State or country) of Mother: Md
INFORMANT (Address): Bell Jackson 1127 Penna Ave
BURIAL, CREMATION, OR REMOVAL: Place Station Cem Date 10/21 1934
UNDERTAKER (Address): Daniel Easton 916 Penna ave
FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): DEC 13 1934
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide	
Pistol wound of brain.	

Other contributory causes of importance:

Name of operation: Autopsy Date of
What test confirmed diagnosis: was there an autopsy? Yes
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Injury occurred Dec 13 1934
Where did injury occur? Lanham Sta
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury: Pistol wound
Nature of injury: Pistol wound of brain
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Leo Brady Coroner, M. D.
(Address)

Spec—9-30—A & Co—250 Blks

F 07621

F 07621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE. (No. 999 Carrollton Ave St.) 16-W (WARD)

2-FULL NAME Mildred Carriger

(a) RESIDENCE NO. 909 N. Carrollton Ave WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of James Carriger

7 DATE OF BIRTH (month, day, and year) March 1878

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	9		

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

10 BIRTHPLACE (city or town) (State or country) Abeton Va

11 NAME OF FATHER Gibson Smith

12 BIRTHPLACE OF FATHER (city or town) (State or country) Va

13 MAIDEN NAME OF MOTHER Caroline Mitchell

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Va

Informant Mildred Carriger

(Address) 909 N. Carrollton Ave

Filed 12 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18/34

17

I HEREBY CERTIFY, That I attended deceased from Sept 20, 1934, to Dec 18, 1934

that I last saw h alive on Dec 18, 1934

and that death occurred, on the date stated above, at 7.30 P m

The CAUSE OF DEATH* was as follows:

Hypostatic Congestive Vascular Renal Syndrome

(duration) yrs. 2 mos. 28 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) A. J. Kalter M. D.

12/21 1934 (Address) 1825 Park Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Dec 21, 1934

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3224 Schroder St.

F 07622 ✓ F 07622

M. D. F. 1938-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Lexington St. 18-01 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. E. Allen

(a) Residence: No. 1110 Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sallie Allen

6. DATE OF BIRTH (month, day, year) Jan 25, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 y	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 30 yr

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Geo Allen

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Allen

(Address) 1110 Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 22, 1934

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Edmondson St.

20. FILED Dec 21 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Dec 18 1934

I last saw h alive on Dec 17 1934 Death is said to have occurred on the date stated above, at 6:30 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	?
Other contributory causes of importance: Pulmonary Edema	1 d

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. F. Norwood M. D.

(Address) 939 W Fayette St

...ec.—1-30—M. & T.—250 Bks

F 07623

F 07623

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

73 REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 753 Dolphin ST. 17-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME James Turner.

(a) RESIDENCE NO. 753 Dolphin ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of ~~or WIFE of~~ Mae Turner

DATE OF BIRTH (month, day, and year) Aug 8, 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	4	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Janitor 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer St Marys Co

BIRTHPLACE (city or town) (State or country) Md

10 NAME OF FATHER Jennifer Turner.

11 BIRTHPLACE OF FATHER (city or town) St Marys Co (State or country) Md

12 MAIDEN NAME OF MOTHER Mary Holley

13 BIRTHPLACE OF MOTHER (city or town) St Marys Co (State or country) Md

Informant Mae Turner

(Address) 2423 Madison Ave

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 18, 1934

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934 to Dec 18, 1934

that I last saw him alive on Dec 14, 1934

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

I. Primary Splenomegaly and Anaemia (duration) Months ... ds.

CONTRIBUTORY (Secondary) ... (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? ...

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Pathological

(Signed) W. H. Howell M. D.

19 (Address) 601 N Carrollton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery

DATE OF BURIAL Dec 21, 1934

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

F 07624

F 07624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospts. Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore St., Md 3-A Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Goode

(a) Residence: No. 47 S. Dallas St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6. If married, widowed, or divorced (or) WIFE of Joseph

DATE OF BIRTH (month, day, year) 3-1-02

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	32	9	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George Holmes

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Susie Rice

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Records City Hospts

(Address) Balto City Hospts

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 12-21-34 19

UNDERTAKER P. Gorsuch & Sons & Wm. H. Wright

(Address) 218 McElderry St

SIGNED ____ 19 ____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-11- 1934 to 12-19- 1934

I last saw h[illegible] alive on 12-14- 1934 Death is said to have occurred on the date stated above, at 1241 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Broncho Pneumonia	12/10/34
Other contributory causes of importance: Pulmonary Tbc.	2

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Harry [illegible]

(Address) Baltimore City Hospitals

M. D. B. 1268-S F 07625 ✓ F 07625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1217 Riverside Ave 24-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Allen Sr.

(a) Residence: No. 1217 Riverside Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of Fannie Murray Allen

6b. DATE OF BIRTH (month, day, year) Jan. 23-1863

7. AGE — Years 71 | Months 10 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dep. Marshall

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Isaac Allen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary E. Williams

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs Fannie Allen

(Address) 1217 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross C. C. Date Dec. 24 19 34

19. UNDERTAKER Margaret E. Flynn

(Address) 1409 Light St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 19 34

22. I HEREBY CERTIFY, That I attended deceased from June 10 19 34 to Dec. 20 19 34

I last saw h.... alive on Dec. 19 19 34 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder (primary)	
Carcinoma of Stomach. genital.	
Other contributory causes of importance:	
ized arteriosclerosis	

Name of operation none Date of .....

What test confirmed diagnosis? Physical examination Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J Edward Norris M. D.

(Address) 107 East-west st.

D. B. F 07626 ✓ Hayward-Jenkins Co. F 07626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5321 Beaufort Av St. 7-C Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence E. Jester

(a) Residence: No. 5321 Beaufort Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of William E Jester

DATE OF BIRTH (month, day, year) Oct 11-158

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or min.
76	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Betteron
(State or country) Maryland

13. NAME OF FATHER George E. Burns

14. BIRTHPLACE (city or town) Betterton Md
(State or country)

15. MAIDEN NAME OF MOTHER Mary Benson

16. BIRTHPLACE (city or town) Betterton
(State or country) Maryland

INFORMANT Mrs Florence Mann
(Address) 5321 Beaufort Ave

BURIAL, CREMATION, OR REMOVAL
Place Still Pond Date 12/21 34

UNDERTAKER William Cook
(Address) 121 St Paul Street

FILED 1934 Registrar.

21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 — 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1934, to Dec 20, 1934

I last saw her alive on Dec 19, 1934. Death is said to have occurred on the date stated above, at 7.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Dec 19
Other contributory causes of importance:	
Asthma	

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles J Wells M. D.

(Address) 5276 Park Heights Av

D. H. 1268-9

F 07627 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07627

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital 900-04 St.) (Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian M. Shockney

(a) Residence: No. 802 Brunson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
(or) WIFE of Vernon W Shockney

7. DATE OF BIRTH (month, day, year) Sept 16-1911

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	3	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) 12/18/34 | 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles J. Kirby

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret L. Starck

16. BIRTHPLACE (city or town) (State or country) Balto Ind

17. INFORMANT Vernon W. Shockney

(Address) Balto Ind

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 12/22 '34

19. UNDERTAKER Williams Cook

(Address) 1217 St Paul St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 19 to 19

I last saw h alive on Dec 19 19 Death is said to have occurred on the date stated above at 5:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/19 1934

Where did injury occur? Wilkens Ave & Outerbridge Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P Downey Coroner M. D.

(Address) 2200 E Madison St.

DEC 21 1934

D. B 1268-9

F 07628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 10-61 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter DeFord Hall

(a) Residence: No. 704 East Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Hall

6. DATE OF BIRTH (month, day, year) June 12-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year) 12/19/34

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Jefferson City Mo

13. NAME John Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sarah Quincy

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rebecca Hall

(Address) 2276 Woodbury Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date 12/22 1934

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-19-1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George Ziller M. D.

(Address) 2439 Eutaw Ave.

H. D. B. 1268-9

07629

HEALTH DEPARTMENT—CITY OF BALTIMORE

07629

CERTIFICATE OF DEATH

107-001

Registered No.

1. PLACE OF DEATH Hebrew Home for Aged • Dyson
CITY OF BALTIMORE: (No. Belvidere • Greenspring St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 11 yrs. mos. ds.

2. FULL NAME Eva Stelar

(a) Residence: No. Belvidere • Greenspring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of not known

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME
16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sig Tumblar • (Address) Belvidere • Greenspring

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Cemetery Date 12-21-34 19

UNDERTAKER McShane Inc. (Address) 1429 E Balto st.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1934 to Dec 20 1934
I last saw her alive on Dec 20 1934 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	12-16-34
Chr Bronchitis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H Edmund Levin M. D.
(Address) Levindale

D. B. 1268-9

530

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 97630

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2427 Linden Ave St., 13-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mat Morris Miller

(a) Residence: No. 2424 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Hoffman Miller

6. DATE OF BIRTH (month, day, year) May 15, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wall Paper Business

10. Date deceased last worked at this occupation (month, day, year) Dec. 15, 1934

11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) (State or country) Latvia

13. NAME Benjamin Miller

14. BIRTHPLACE (city or town) (State or country) Latvia

15. MAIDEN NAME Goldie Foss

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Joseph Hoffman

(Address) 929 Brookfield

BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 12/2/34 19

UNDERTAKER Jacob Levy Sons

(Address) 1437 E. Baltimore St

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from December 16 1934 to December 20 1934

I last saw him alive on December 20, 34 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset Dec. 20, 34

Other contributory causes of importance:

Hypertension & Generalized Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Crumpton M.D.

(Address) Temple Garden Apts.

D. P. 1268-A

07631

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 07631

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4118 Kenshaw St., 27-21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME James Connolly.

(a) Residence: No. 4118 Kenshaw St., ... Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Connolly Feb 28 1868

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	9	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Left of Builders
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Works
8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 6 Mo

BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Patrick Connolly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Peggy McGowan

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Florence Walker
(Address) 4118 Kenshaw

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 12/22 1937

UNDERTAKER Frank H. Meyer
(Address) Pikesville, Md.

FILED 12/21 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. Jones Coroner M. D.

(Address) .....

632

F 07632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4707 Pennington Ave St., 25-06 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julianna Buczynska

(a) Residence. No. 4707 Pennington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wojciech Buczynski

DATE OF BIRTH (month, day, year) Unk.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME B. Szierski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Szymanski

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Wicholski

(Address) 4707 Pennington Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date DEC 24. 1934

UNDERTAKER Fred W. Brazewski

(Address) 1930 Eastern Ave

FILED DEC 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Dec 20 1934

last saw her alive on Dec 19 1934 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Auricular fibrillation — 2 yrs

Other contributory causes of importance:

Embolism & the common iliac artery. — 2 days

Date of onset

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Lawrence A. Sera M. D.

(Address) 1009 Annapolis Blvd.

...—1-30—M. & T.—250 Blks

F 07633

F 07633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 606 N. Caroline ST., 5-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Felder

(a) RESIDENCE NO. 606 N. Caroline ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Col.	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) - - 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic 070

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Orangeburg S.C.

10 NAME OF FATHER John Harrison

11 BIRTHPLACE OF FATHER (city or town) (State or country) Orangeburg S.C.

12 MAIDEN NAME OF MOTHER Phillis ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va

Informant Jimmie Small

(Address) 606 N. Caroline St

Filed 12-24 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-19-34

17 I HEREBY CERTIFY, That I attended deceased from 12-11-1934 to 12-19-1934

that I last saw h e alive on 12-19-1934

and that death occurred, on the date stated above, at 4:50 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Myocarditis

Chronic Valvular Heart Disease

(duration) 2 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute Dilatation of Heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Sup. Exam.

(Signed) Wm. A. Berry, M. D.

, 19 (Address) 1420 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

DATE OF BURIAL Dec 22 1934

20 UNDERTAKER Robert W. Williams

ADDRESS 1515 McElderry St

F 07634 Sudmeier F 07634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 23-01 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Sudmeier

(a) Residence: No. 1638 S. Charles St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Mrs. H. Sudmeier

6. DATE OF BIRTH (month, day, year) July 7 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Sudmeier

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT (Address) Mrs H Sudmeier 1638 S Charles St

BURIAL, CREMATION, OR REMOVAL Place Western Cem Date 12 22 1934

UNDERTAKER (Address) I. Frey Mc Cauley 130 E Fort Ave

FILED 12 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from April 27th 1934 to Dec 20th 1934

I last saw him alive on Dec 20th 1934 Death is said to have occurred on the date stated above, at 7.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound of spinal cord	1926
Terminal Lobular Pneumonia	Dec 15th

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 1926

Where did injury occur? Balto (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Bullet wound

Nature of injury Severed spinal cord

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Shot in line of duty

(Signed) Donald R Robinson M. D.

(Address) Mercy Hosp

F 07635

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07635

✓ 134

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH 3rd. Gen. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16-C Ward)

Length of residence in city or town where death occurred 64 yrs. 5 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr George Ritter

(a) Residence: No. 620 N Fulton St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed or divorced, HUSBAND of (or) WIFE of Gertrude F. Hutchins

7. DATE OF BIRTH (month, day, year) July 6, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER David Ritter

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME OF MOTHER Elizabeth Arnold

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Geo. R. Ritter

(Address) 620 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/21/34

19. UNDERTAKER J. B. Wright & Son

(Address) 500 Eutaw Place

20. FILED DEC 21 1934, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-18, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1934 to 12-18, 1934

I last saw him alive on Dec 18, 1934 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Uremia Calculi (Primary)

Name of operation Cystotomy Date of 12-4-34

What test confirmed diagnosis? Oper. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) S. E. Gordon M.D. M. D.

(Address) 1st Gen Hospital

D. H. 1268-9

F 07636

Cocking

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7636

92-001

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2602 Hermosa Ave. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora K. Cocking

(a) Residence: No. 2602 Hermosa Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony B. Cocking

6. DATE OF BIRTH (month, day, year) April 14 1854

7. AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
80	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Grace Lochner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Mrs. George Miller

(Address) 2602 Hermosa Ave

BURIAL, CREMATION, OR REMOVAL Date 1/22/34

Dorsey Redeemer

UNDERTAKER Leonard Bragg

(Address) 5305 Harford Rd

FILED 1/22/34

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1/20/34

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 19 33 to 1/20/34 19

I last saw h alive on 1/19/34 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	
Chronic Myocarditis	
& Endarteritis	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) C. Lauer Bryant M. D.

(Address) 4706 Harford Rd

1/20/34

1934

F 07637

H. D. B. 1268-9

07637 29 38

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-101

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St. 12-41 Ward)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Mark

(a) Residence: No. 2731 N Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

DATE OF BIRTH (month, day, year) 11/17/83

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. See Continuation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) N Y

12. NAME John J Mark

13. BIRTHPLACE (city or town) (State or country) N Y

14. MAIDEN NAME Isabel Alexander

15. BIRTHPLACE (city or town) (State or country) N Y

16. INFORMANT Records
(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date 12/22/34 19

UNDERTAKER J. Pikesville Md

(Address) 5 E Fayette St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Dec 19 1934

I last saw him alive on Dec 19 1934 Death is said to have occurred on the date stated above, at 5 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1925 ?
Cerebral accident	12/12/34
Arterio sclerosis	?

Other contributory causes of importance:

Broncho pneumonia	12/19/34

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Herbert Eichelberger M.D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

F 07638

07638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Balto Gen'l Hosp (St., or Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Ella M. Wisler

(a) Residence: No. 3531 Gelston Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced [redacted] of Clarence H

DATE OF BIRTH (month, day, year) Dec 27 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Indiana

13. NAME Robert Nargensky

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Baker

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Clarence H Wisler

(Address) 3531 Gelston Drive

BURIAL, CREMATION, OR REMOVAL

Place El Paso Texas Date Dec 22 19 34

UNDERTAKER Charles H Keefner

(Address) 532 Fulton Ave

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1937 to Dec 21, 1937

I last saw h[redacted] alive on Dec 21, 1937. Death is said to have occurred on the date stated above, at 1:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Ruptured Appendicitis	11/24/37
Generalized Peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy & Ileostomy Date of 11/27/37

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin, M. D.

(Address) West Balto Gen Hosp

H. D. B. 1268-9

F 07639

HEALTH DEPARTMENT—CITY OF BALTIMORE

7639

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2701 Monument St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Frank

(a) Residence: No. 2701 Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

6. If married, widowed, or divorced (or) WIFE of Joseph Frank

DATE OF BIRTH (month, day, year) Oct 15 - 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balt Md

13. NAME John Holzhurd

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothy Rauch

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Frank

(Address) 2701 Monument

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec. 22 1934

19. UNDERTAKER Killian J. Schaffer

(Address) 1816 E. Monument St.

20. FILED 1934 Dec 19 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 18 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to DEC 18 1934, 19

I last saw h[illegible] alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decomp	10 days
Pulmonary Edema	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward [illegible] M. D.

(Address) 413 Nebraska Ave

r.—10-10-29—A Co.—100 Bks.

07640

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07640

CERTIFICATE OF DEATH

✓ 94-001

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

ty of Baltimore: (No. 3906 Hayward ave St. 27-61 Ward)

2-FULL NAME Herman H Blaney

(a) RESIDENCE NO. 3906 Hayward ave St., _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., If of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced. (write the word)
M.	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Blaney

DATE OF BIRTH (month, day, and year) Feb. 22-1886

AGE	Years	Months	Days	IF LESS than 1 day ___ hrs. or ___ min.
	48	9	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk. 049

(b) General nature of industry, business, or establishment in which employed (or employer) Rail Way Express

(c) Name of employer

BIRTHPLACE (city or town) Balto

(State or country) Md

10 NAME OF FATHER John Blaney

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Md

12 MAIDEN NAME OF MOTHER Sarah —

13 BIRTHPLACE OF MOTHER (city or town) Unknown

(State or country) Unknown

Informant Mrs Catherine Blaney

(Address) 3906 Hayward ave

Filed _____, 19 _____ _____ Registrar

1934

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-18- 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Angina Pectoris

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY _____

(Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) John H Mowbray, M. D.

12/19 1934 (Address) 3132 Roland ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Mt Olivet Cemt	Dec 22nd 1934
20 UNDERTAKER	ADDRESS
Eastern Dept	522 N Charles St.

D. B 1268-9

M F 07641

HEALTH DEPARTMENT—CITY OF BALTIMORE

7641

CERTIFICATE OF DEATH

210-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital 27-01 Ward)

Length of residence in city or town where death occurred 34 yrs. 7 mos. 28 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Theodor W Stopford

(a) Residence: No. 6400 Alta Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Madeline Dorothy Stopford

DATE OF BIRTH (month, day, year) April 21, 1900

AGE	Years	Months	Days	If LESS than 1 day ...hrs. or ...min.
	34	7	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schluderberg Kurdle Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Walter Stopford

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Anna Stopford

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Madeline Stopford

(Address) 6400 Alta Ave.

BURIAL, CREMATION, OR REMOVAL

Greenwood Cemetery Date Dec 22 1934

UNDERTAKER Chas. S. Calwell

(Address) 42 W. Franklin Ave

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Sub dural Hemorrhage	

Other contributory causes of importance:

Automobile Accident

Name of operation Decompression Date of 12/19/34

What test confirmed diagnosis? not Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/19 1934

Where did injury occur? Harford Rd & West Ridge
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Joseph Broney M. D.
Coroner

(Address) 1220 E Madison St

H. D. B 1268-9

F 07642

7642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3312 Rosekemp Ave St. 7-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. 11 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew J. Kaufderer

(a) Residence: No. 3312 Rosekemp ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

If married, widowed, or divorced HUSBAND of (or) WIFE of: Caroline Kaufderer

DATE OF BIRTH (month, day, year): Dec 27, 1850

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	11	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Machine Shop

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 35 Years

BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Andrew Kaufderer

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Don't Know.

16. BIRTHPLACE (city or town) (State or country): Baltimore

INFORMANT: Henry C Kaufderer.

(Address) 3312 Rosekemp ave

BURIAL, CREMATION, OR REMOVAL

Place: London Park, Date: Dec 22, 1934

UNDERTAKER: Mr & Mrs John W. Teufel & Son

(Address) 801 W. Fayette St.

FILED: Hunter [illegible] M. D.
Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20th, 1934 to Dec 20th, 1934

I last saw him alive on Dec 20th 1934 Death is said to have occurred on the date stated above, at 12-30 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage. — Date of onset 12-20-34

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. L. Gordy M. D.

(Address) Bayard Md & Cumberland Co

D. B. 1268-9

F 07643

7643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3433 Kenyon Ave. St., 36-21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME SUSAN R. SLATTERY

(a) Residence: No. 3433 Kenyon Ave. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of William J. Slattery

6. DATE OF BIRTH (month, day, year) June 28th 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hartford County Maryland

13. NAME William Russell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME ? Cantler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Louis A. Hogan

(Address) 3433 Kenyon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Paul's Luth. Cem. Perrymen Md. Date Dec. 22 1934

19. UNDERTAKER RY SANDER & SONS. INC.

(Address) Baltimore & Broadway.

20. FILED 12-19-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20. 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 16 1934 to Dec 20 1934

I last saw her alive on Dec 19 1934 Death is said to have occurred on the date stated above, at 6.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchis Pneumonia	12/19/34
Pyelitis	
Myocarditis	
Influenza	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) M. D. Swagger M. D.

(Address) 2604 E. Baltimore St.

M. D. B. 1268-9

F 07644

07644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2229 Pelham Ave St.) 8-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emma Schwartz

(a) Residence: No. 2229 Pelham Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 5th 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-Binder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

12. NAME Jacob Schwartz

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Katherine Emick

16. BIRTHPLACE (city or town) (State or country) City

INFORMANT Mrs. Geo. Wilkinson
(Address) 2229 Pelham Ave.

BURIAL, CREMATION, OR REMOVAL
Place London Park Date 12/22/ 1934

UNDERTAKER E. J. Fleming & Son
(Address) 1938 E. Fayette St.

FILED 12 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18th 1934 to Dec 20th 1934
I last saw h[illegible] alive on Dec 19th 1934. Death is said to have occurred on the date stated above, at 4.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12-17-34

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Emmett Greene M. D.
(Address) 1400 Eastern Ave.

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 02645

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4205 Glenarm Ave St. 26-21 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Eleanor E. Cole

(a) Residence: No. 4205 Glenarm Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 3/1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Emil J. Loos

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Eleanor Becht

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Emil Loos
(Address) 4205 Glenarm Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date 12/24 1934

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at before 7 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas poisoning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accidental Date of injury ..... 19 .....

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home-one burner on(Unlighted of gas range in kitchen

Manner of injury Probably due to defective pilot light

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner.

(Address) .....

F 07646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 169

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp 12-25-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis Wassell

(a) Residence: No. 220 Washington Blvd., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)	Years	Months	Days	If LESS than 1 day, hrs. or min.
AGE	48			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) 2 | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME OF FATHER Harry Wassell

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs S Wassell (Address) 354 E. 2nd St. Erie Pa

BURIAL, CREMATION, OR REMOVAL Date Dec-22 1934

Place Druid Hill Ave

UNDERTAKER Miller & Miller (Address) 1435 E. Baltimore

Registrar

FILED ... 19... 11934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said

I last saw h... alive on ... 19... at ... m.

to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure.	
Prem. Sen. Attempted Suicide	

Other contributory causes of importance:
Lobar Pneumonia

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, (suicide) or homicide? Sui Date of Injury Dec. 16, 1934

Where did injury occur? City Hosp

Specify whether injury occurred in industry, in home, or in public place (Specify city or town, county, and State) Public Place

Manner of injury Prompted out and deep Stabbing

Nature of injury Acute Myocardial Failure

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ... M. D.

(Signed) J. Peterson Jr Coroner

(Address) 1305 N Fulton Ave

D. B. 1268-9

F 07647

7647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 629 Trumbridge Rd, W. 27-6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Juliet E. Gross

(a) Residence: No. 629 Trumbridge Rd, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles W. Gross

DATE OF BIRTH (month, day, year) Dec. 31, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
64	63	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Lee Harmon

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Emmeline Sheets

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT John R. Leal

(Address) 629 Trumbridge Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Holly Springs, Pa Date Dec. 24, 1934

19. UNDERTAKER John E. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED Dec. 24, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934 to Dec. 21, 1934

I last saw her alive on Dec. 21, 1934 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1929
Myocarditis Chronic	1931
Other contributory causes of importance:	
Diabetes Mellitus	1924

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19 .

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edgar P. Sandrock M. D.

(Address) Medical Arts Building

D. B. 1268-9

E 07648

7648 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 11-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 Colorado Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles A. Martin

(a) Residence: No. 725 Colorado Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Catherine Martin

DATE OF BIRTH (month, day, year) Sept 18, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Allentown Pa

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Walter H. Leslie

(Address) 725 Colorado Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 22 2nd, 19

19. UNDERTAKER Harry F. Witzke

(Address) 4401 Reisterstown Ave

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) December 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 13, 1934 to December 20th, 1934

I last saw him alive on December 19, 1934 Death is said to have occurred on the date stated above, at 5:24 a.m.

The principal cause of death and related causes of importance were as follows:

Influenza — Date of onset Dec 12

Other contributory causes of importance:

Bronchio-pneumonia — Dec 16

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert L. Mitchell, M. D.

(Address) 7117 Maryland Avenue

B 1268-9

F 07649

HEALTH DEPARTMENT—CITY OF BALTIMORE

7649 V 181

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St. 23-81 Ward)

th of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Gladys F Thomas

(a) Residence: No. 1627 Oliver St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of —

TE OF BIRTH (month, day, year) July 7- 1926

E Years	Months	Days	If LESS than 1 day, hrs. or min.
8	5	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Richmond
(State or country) Va

NAME Russell Thomas

IRTHPLACE (city or town) Ill.
(State or country)

MAIDEN NAME Gladys Trevillian

BIRTHPLACE (city or town) Va
(State or country)

FORMANT Mr. Russell Thomas
(Address) 1627 Oliver St

RIAL, CREMATION, OR REMOVAL
Place Dist Point Date 12/22, 193

NDERTAKER Frank E Smith
(Address) 4101 Eastern Ave

LED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from ——, 19..., to ——, 19...

I last saw h— alive on ——, 19... Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition due Shock from 2nd & 3 degree Burns accidental	

Over

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 11/12 Date of injury 11/12, 1934

Where did injury occur? 1627 Oliver St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Dress caught fire

Nature of injury 2 & 3 degree Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. J. Herzog MD M. D.
Coroner

(Address) 1305 N Patterson Park Ave

D. H. 1268-9

F 07650

7650

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 19-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Dashields Collins.

(a) Residence: No. 325 N. Strieker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton (dead)

DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore.

13. NAME John. Dashields.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Hagley.

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records. (Address) Balto City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Parkside Md Date Dec 23. 34

UNDERTAKER Thos. E. Kalson (Address) 1303 Presstman St

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8 1934 to Dec 19 1934

I last saw her alive on Dec. 11 1934 Death is said to have occurred on the date stated above, at 2 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5
Tumor of brain ?	6 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

D. B. 1268-9

07651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 07651

84-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Betty Johnson

(a) Residence: No. 3744 Hickory Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 30, 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carrol Co. Md.

9. NAME Roland Johnson

10. BIRTHPLACE (city or town) (State or country) Maryland

11. MAIDEN NAME Violet Young

12. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Roland Johnson
(Address)

BURIAL, CREMATION, OR REMOVAL
(Place) Mays Hampden Dec 22 1934

UNDERTAKER Thomas Funeral
(Address) 3615-17 Chestnut Ave

FILED ..... 19 ..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1934 to 12-21 1934

I last saw her alive on 12-21 1934 Death is said to have occurred on the date stated above, at 8:00P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus Meningitis	12-20-34
Other contributory causes of importance: Otitis Media	12-19-34

Name of operation None Date of .....

What test confirmed diagnosis Lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Charles H. Conley Jr. M. D.

(Address) Union Memorial Hosp.

...—8-16-29—L. P. S.—100 Bks.

F 07652

07652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 739 W. Hamburg ST. 21-C WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Theresa J. Dunleavy

(a) RESIDENCE NO. 739 W. Hamburg ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) About 1875.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About 59				

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) 070

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore.

10 NAME OF FATHER John Dunleavy.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown.

12 MAIDEN NAME OF MOTHER Bridget —?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

Informant Mrs Gertrude Lumsenaire

(Address) 1405 N Montford Ave

Filed ..... 19 ..... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-34

17 I HEREBY CERTIFY, That I attended deceased from Dec 20 19 34 to ..... 19 .....

that I last saw h— alive on Dec 20 19 34

and that death occurred, on the date stated above, at 5.40 P.m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? A

(Signed) Louis Krause, M. D.

, 19 (Address) Medical Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Dark Dawn Cemetery

DATE OF BURIAL 12-24-34

20 UNDERTAKER Wendell E. Humphreys

ADDRESS 1501 N. Broadway

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 27653

7653

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1609 Patapsco St. St. 23-21 (Ward)

th of residence in city or town where death occurred 54 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alice Rosenberger

(a) Residence: No. 1609 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

married, widowed, or divorced
HUSBAND of (or) WIFE of John J. Rosenberger

TE OF BIRTH (month, day, February 27, 1880

E	Years	Months	Days	If LESS than 1 day hrs. or min.
	54	9	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

. NAME John Linton.

. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

. MAIDEN NAME Sarah Dolphin.

. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT Irene Never. (daughter)
(Address) 1110 Hanover St.

URIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date Dec 24, 1934

NDERTAKER J. F. Bagwell & Sons
(Address) 38 E. West St.

12/22/1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Rothenhardt, M. D. Coroner

12/21/34 (Address) 1017 E. Charles St.

D. P. 1268-9

07654 F 07654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1021 W. Cross St. 21-01 Ward)

Length of residence in city or town where death occurred 64 yrs. -- mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie May Armsworthy

(a) Residence: No. 1021 W. Cross St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Mc.E. Armsworthy

DATE OF BIRTH (month, day, year) December 14, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	-	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME Paul Manner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Phillipping Bright

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Annie Wagoner

(Address) 1021 W. Cross St.

BURIAL, CREMATION, OR REMOVAL

Place Ft. Comfort Cem. Date Dec. 24, 1934

UNDERTAKER A. Howard Evans

(Address) 36 E. Fort Ave.

FILED ... 19... ... Registrar.

21034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1934 to Dec 20, 1934

I last saw her alive on Dec 20, 1934. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular Fibrillation	3 yrs
Cardiac Decompensation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis J. Glass M. D.

(Address) 1117 W. Cross St

F 07655

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7655

CERTIFICATE OF DEATH

92-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 N Schroeder St., 18-01 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James DeLeone

(a) Residence: No. 311 Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy DeLeone

7. DATE OF BIRTH (month, day, year) Sept 16 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert County Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Annie Sprell

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mrs Alethia Brantley

(Address) 311 N Schroeder St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Dec 22, 1934

UNDERTAKER Mrs Kate R. Williams

(Address) 322 N. Schroeder St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1934 to Dec 19, 1934

I last saw him alive on Dec 19, 1934 Death is said to have occurred on the date stated above, at 1.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate	

Other contributory causes of importance: 0

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Trout M. D.

(Address) 1904 W Lexington St

D. P. 1268-9

F 07656

07656 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

104-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St. 22-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME PAUL OWENS 605 Burgundy st.

(a) Residence: No. University Hosp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 9, 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Fred Owens

14. BIRTHPLACE (city or town) (State or country) Brunswick Va.

15. MAIDEN NAME Mary Etta Warren

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mary Etta Owens

(Address) 605 Burgundy St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec 24, 1934

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Schroeder St.

(Filed) Dec 24 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-19 1934 to 12-20 1934

I last saw him alive on 12-20 1934. Death is said to have occurred on the date stated above, at 1:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	
Brain abscess	
Pulmonary infection	
Pansinusitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Spinal puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. R. Adams, M. D.

(Address) Univ. Hospital

D. P. 1268-9

F 07657

7657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor 40-01 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Anderson

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Kohlhaff

6. DATE OF BIRTH (month, day, year): 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME of Father: John Anderson

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME of Mother: Kate O'Boyle

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sister Stanislaus, Superior (Address) 1200 Valley St. city

18. BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date Dec. 22. 1934

19. UNDERTAKER: Rita Wiedefeld (Address) 714 Beaumont Ave

FILED , 19 Registrar:

DEC 21 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 21 December 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 31 to Dec 21 1934

I last saw him alive on Dec 20 1934 Death is said to have occurred on the date stated above, at 5.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
	?

Other contributory causes of importance:

Chr Nephritis
Arteriosclerosis
Asthenia

Name of operation Date of

What test confirmed diagnosis? Path Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarthy M. D.

(Address) 111 Park Ave

H. D. B. 1268-9

F 07658

HEALTH DEPARTMENT—CITY OF BALTIMORE

7658

CERTIFICATE OF DEATH

157-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2207 Mansel St. 25-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward J Ridgway

(a) Residence: No. 2207 Mansel St., 5th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/10-37

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John R. Ridgway

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary M Brown

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT John R Ridgway

(Address) 2207 Mansel St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/22 1934

UNDERTAKER Edward Fowlkes

(Address) 2359 Woodbrook

Funeral Dir. & Embalmer

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/37

22. I HEREBY CERTIFY, That I attended deceased from 1/7/10 19 30 to 12/21/37 19

I last saw him alive on 12/21/37 19 37. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	11 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Stafford Dranc M. D.

(Address) 1-27 Dover St

D. B. 1261-9

F 07659

7659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals 10-01 Ward)

gth of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Watson

(a) Residence: No. 723 N. Central Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie

ATE OF BIRTH (month, day, year) March 29, 1876

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
0 - 8	8	19	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer O&O

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Geo

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Eliza Webb

16. BIRTHPLACE (city or town) (State or country) Va

NFORMANT Rucado Balt City Hosp
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Dec 22 19 34

NDERTAKER Thos Robert Elliott
(Address) 129 Gardiner St

Huntington Wise Registrar

21934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 18, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 16 1934 to Dec 18 1934

I last saw h alive on Dec 18 1934 Death is said to have occurred on the date stated above, at 11.50 p m.

The principal cause of death and related causes of importance were as follows:

Auricular fibrillation
Hypertensive myocarditis
C failure

Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Phagan M. D.

(Address) Balt City Hosp

F 07660

07660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 E. Faye Ave St., 6-0 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Lucy Sanders

(a) Residence: No. 1800 E. Faye Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 3-10-1896

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	9	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitress
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bennettsville S.C

9. NAME Georgia Botha

10. BIRTHPLACE (city or town) (State or country) Bennettsville S.C

12. MAIDEN NAME Annie Sanders

13. BIRTHPLACE (city or town) (State or country) Bennettsville S.C.

INFORMANT Hattie Myers.
(Address) 1740 Mullikin St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date Dec. 22. 1934

UNDERTAKER Robert E. Williams
(Address) 1515 N. Eldorado St

DEC 22 1934 Number ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-27 . 1934 to 12-20 . 1934

I last saw h[illegible] alive on 12-20 . 1934 Death is said to have occurred on the date stated above, at 11.45 a.m. p.

The principal cause of death and related causes of importance were as follows:

	Date of onset
chr. myocarditis	?
Other contributory causes of importance:	
chr. Interstitial Nephritis	?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Raymond Brown M. D.

(Address) 1500 E. Madison St.

D. P. 1362-3

07661 ✓ F 07661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4913 Palmer Ave. 27-01 Ward)

Length of residence in city or town where death occurred 72 yrs 3 mos 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Eppers

(a) Residence: No. 4913 Palmer Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John H. Eppers

6. DATE OF BIRTH (month, day, year) Aug. 28-1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 07

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Nathaniel P. Mules

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Purdon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John H. Eppers

(Address) 4913 Palmer Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Dec. 24- 1937

19. UNDERTAKER Horace E. Burgee

(Address) 3631 Falls Road

19 12 1937 Harrington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 20- 1937

22. I HEREBY CERTIFY, That I attended deceased from 1929 19 to Dec 20 1937

I last saw her alive on Dec 20 1937 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1929
Other contributory causes of importance:	
Diabetes Mellitus	1929

Name of operation None Performed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Dilbitt M. D.

(Address) 2220 Garrison Blvd

D. B. 1268-9

F 07662

7662

HEALTH DEPARTMENT—CITY OF BALTIMORE

130

CERTIFICATE OF DEATH

. PLACE OF DEATH

TY OF BALTIMORE: (No. 1367 N Carey St St., 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas Hickey

(a) Residence: No. 1367 N. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Hickey

ATE OF BIRTH (month, day, year) Aug 0 1877

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	4	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lebanon Pa

13. NAME Mortitz Hyckes

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Marie Lewis

16. BIRTHPLACE (city or town) (State or country) Unknown

NFORMANT Elizabeth Hickey

(Address) 1367 N Carey St

URIAL, CREMATION, OR REMOVAL

Place Woodlawn M. G. Date Dec 22 1934

UNDERTAKER Mrs. Geo. C. Zollars

(Address) 1631 Riggs Ave

FILED 1934 Hunter for Pikesville

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 19. 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 15. 1934 to Dec. 19. 34

I last saw h alive on Dec 18. 1934 Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 12/17/34

Other contributory causes of importance: Acute Nephritis — Unknown

Name of operation None — Date of

What test confirmed diagnosis? Urinalysis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis A. Haines M. D.

(Address) 1631 Riggs Ave

D. B. 1268-9

✓ F 07663

HEALTH DEPARTMENT—CITY OF BALTIMORE

7663

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1404 Inverness St., 25 Ward)

gth of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fred W Sommer

(a) Residence: No. 1404 Inverness St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Constance Sommer

ATE OF BIRTH (month, day, year) Oct 4 1863

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	2	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stores C'o

8. Date deceased last worked at this occupation (month and year) Mar 1929. | 11. Total time (years) spent in this occupation 5 0

IRTHPLACE (city or town) (State or country) Russia

9. NAME Unknown

10. BIRTHPLACE (city or town) (State or country) Russia

11. MAIDEN NAME Unknown

12. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Constance Sommer

(Address) 1404 Inverness Ave

URIAL, CREMATION, OR REMOVAL

Place Mt Lev Date 12/24/34

NDERTAKER H M Cook & Son

(Address) 1210 E Fort Ave

LED ....., 19..... Registrar.

1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1934 to Dec 21 1934

I last saw him alive on Dec 21 1934. Death is said to have occurred on the date stated above, at 1:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Not known
Carcinoma Liver	1 Mon
Other contributory causes of importance: Myocarditis	Not known

Name of operation ..... Date of .....

What test confirmed diagnosis Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C P Rostering M. D.

(Address) 2623 Washington Blvd

B. 1263-9

F 07664

07664

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 20 Parkin St. 18-01 Ward)

th of residence in city or town where death occurred 51 yrs. 6 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ernest C. Albert

(a) Residence: No. 20 Parkin St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) June 19 1883

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
51	6	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tanner

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 686

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

NAME Ernest Albert

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Elizabeth Kuhe

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Catherine Stuht

(Address) 20 Parkin St

RIAL, CREMATION OR REMOVAL

Place Mt Comfort Date 12/24/34

NDERTAKER Wm Eisle

(Address) 1217 E Fayette St

1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Feller M. D.

Coroner

(Address) 39 Eastern Ave

D. B. 1268-9

F 07665

HEALTH DEPARTMENT—CITY OF BALTIMORE

7665

CERTIFICATE OF DEATH

Registered No. 122-001

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Schultz

(a) Residence: No. 1902 E. Fairmount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Aug 29, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Schultz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Schwartz Date Dec 22nd 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1928 to Dec 20, 1934

I last saw him alive on Dec 20, 1934 Death is said to have occurred on the date stated above, at 1 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Arteriosclerosis with Cardiac failure ?

Regurgitation, Aortic ?

Other contributory causes of importance:

Emphysema ?

Schultz

Bronchi-pneumonia 12/18/34

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospitals

21934

B 1268-9

17666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124 002

Registered No. 17666

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 529 So. Ann Street St., 2-01 Ward)

gth of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? 34 yrs. mos. ds.

FULL NAME Peter Lentowski

(a) Residence: No. 529 S. Ann Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Pauline Lentowski

ATE OF BIRTH (month, day, year) March 14 1887

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
47	57	9	6	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Poland

3. NAME Joseph Lentowski

4. BIRTHPLACE (city or town) (State or country) Poland

5. MAIDEN NAME Unknown

6. BIRTHPLACE (city or town) (State or country) Poland

NFORMANT Mrs. Pauline Lentowski
(Address) 529 So. Ann Street

URIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Dec 24. 1934

NDERTAKER John or Webey
(Address) 401 S. Charles St

ILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 20. 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18 1934 to December 20, 1934 Last saw ~~him~~ alive on December 20, 1934 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hem
Emphysema

Date of onset

over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Jos. Jankowski, M. D.

(Address) 2029 Eastern Ave.

1934

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

7667 — 07667 — 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 317 E. 33rd St., 12-01 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary A. T. Stricker

(a) Residence: No. 317 E. 33rd Street, ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced (or) WIFE of John G. Stricker

DATE OF BIRTH (month, day, year) May 14 - 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Peter Maloney

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Jannett Maloney

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

INFORMANT Daisy S. Stricker

(Address) 317 E. 33rd St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 24 1934

UNDERTAKER Josiah Syfer

(Address) 1619 N. Fulton Ave.

FILED 1934 ... 19... (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 19 34, to Dec. 21, 19 34

I last saw h... alive on Dec. 20, 19 34 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic endocarditis with uraemia — Date of onset 1 yr

Other contributory causes of importance:

Chronic nephritis with uraemia

Name of operation None — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Sterling Wallace, M. D.

(Address) 2031 Walbrook Ave.

ec—9-30—A & Co—250 Bks

(Maria)

7668 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07668

CERTIFICATE OF DEATH.

94-001

1. PLACE OF DEATH 3912 E Pratt st — 76-01 (ST. / WARD) — REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No

2. FULL NAME Maria Di Fazio

(a) RESIDENCE No. 3912 E. Pratt. ST. WARD (If non-resident give city or town and state)
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos ds. How long in U. S., if of foreign birth? 30 yrs. mos ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

If married, widowed, or divorced— HUSBAND of (or) WIFE of Michele Fazio

DATE OF BIRTH (month, day, and year) Jan 31, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	20 19	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work H. W. 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Italy

10 NAME OF FATHER Francesco Trotta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Maria di Lisa

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Michelle Fazio
(Address) 3912 E Pratt

Dec 6, 1934 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/20/34

17

I HEREBY CERTIFY, That I attended deceased from 12-13, 1934, to 12-20, 1934

that I last saw h[illegible] alive on 12-20, 1934

and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Angina pectoris —

(duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary) Coronary Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical.

(Signed) S. D. Suarez M. D.

12/21 1934 (Address) Medical Arts Bldg.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: St. Stanislaus Cemetery — DATE OF BURIAL: 12-24 1934

20 UNDERTAKER: Chas B. Kuchauckas — ADDRESS: 637 S. Paca St

D. B. 1268-9

E 07669

7669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2117 Dennison St. St. 15-21 Ward)

ngth of residence in rity or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William F. Crawford

(a) Residence: No. 2117 Dennison St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta Crawford

ATE OF BIRTH (month, day, year) Nov. 25, 1857

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (rity or town) Baltimore, Md.
(State or country)

13. NAME James Crawford

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Harriett Wells

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mrs. Henrietta Crawford
(Address) 2117 Dennison St.

BURIAL, CREMATION, OR REMOVAL—
Place Loudon Park Cem Date Dec. 24, 1934

UNDERTAKER Hurd Sondheim & Son
(Address) 1902 Eutaw Place

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Dec 21, 1934

I last saw h alive on Dec 20 1934 Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/21

Other contributory causes of importance:

Senile Arteriosclerosis	5yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Erwin F. Yeager M. D.

(Address) The Esplanade Apts.

B 1268-9

670

E 07670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 5-01 Ward)

th of residence in city or town where death occurred, 76 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Harriet Little

(a) Residence: No. 1073 Hillen St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	Col	Widow

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) 1854

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laun'd

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) N. C.

NAME Solomon Little

BIRTHPLACE (city or town) (State or country) N C

MAIDEN NAME Mary Smith

BIRTHPLACE (city or town) (State or country) N C

FORMANT Essie Paschall

Address) 1073 Hillen St

RIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 12/22 19 34

DERTAKER Ernest Brown

Address) 1635 Oliver St

LED

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H Ritenour M.D. M. D.
Coroner

(Address) 1305 N Patterson Pk

D. P. 1268-9

F 07671

07671 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ 131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St. 70-01 Ward)

Length of residence in city or town where death occurred 54 yrs. 7 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Estelle SARAH Bannon

(a) Residence: No. 2232 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Charles W O'Bannon

6. DATE OF BIRTH (month, day, year) May 21 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53 54	7	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER James Hutchinson

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME OF MOTHER Ruth A Reisinger

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Clarence W O'Bannon

(Address) 2232 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec 24 1934

19. UNDERTAKER Wm J Tuckner & Sons

(Address) North & Penna Ave

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-34 19

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1934 to December 21, 1934

I last saw her alive on Dec. 21 1934 Death is said to have occurred on the date stated above, at 2 10 a m.

The principal cause of death and related causes of importance were as follows:

	Duration of Disease	Date of Onset
(a) Hypertensive Heart Disease		
(b) Chronic Nephritis		
(c) Uremia (terminal)		Dec. 14, 1934

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl G Riddell M. D.

(Address) St Agnes Hosp.

H. 1268-9

E 07672

HEALTH DEPARTMENT—CITY OF BALTIMORE

7672

CERTIFICATE OF DEATH

186-001

PLACE OF DEATH

Registered No. 13-21

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. Joseph Hosp. Ward)

th of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Frank Truitt

(a) Residence: No. 2205 Lynnhook Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Ida E. Truitt

TE OF BIRTH (month, day, year) Aug. 25, 1874

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 078

Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. Railway Emp.

Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 26

RTHPLACE (city or town) (State or country) Kent Co. Md.

. NAME Walter Truitt

. BIRTHPLACE (city or town) (State or country) Md.

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) (State or country) Unknown

FORMANT Mrs Alvin R. Braun

(Address) 2205 Lynnhook Ave

RIAL, CREMATION, OR REMOVAL

Place Chesterfield Cem. Kent Co. Md. Date dec 24 34

NDERTAKER Wm. J. Tickner & Sons.

(Address) [illegible]

7 1934 . 19 [illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) dec 20 . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Hypostatic Pneumonia

Date of onset

Other contributory causes of importance:

Fract. left hip Nov 7 34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Slipped & fell on floor in

Nature of injury bedroom

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) . M. D.
Coroner

(Address)

F 07673

Spec.—1-10-21—MAT—1500 Blks

07673

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 93-003

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St. 11 WARD)

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Mrs. Jennie Reynolds Packard

(a) RESIDENCE NO. 7005 Copeleigh Road St., WARD Stoneleigh-Ballot.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? 71 yrs. 8 mos. 22 ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank L. Packard

DATE OF BIRTH (month, day, and year): March 29 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	22	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): none

(c) Name of employer: none

BIRTHPLACE (city or town) (State or country): Bradford Co. Penna.

10 NAME OF FATHER: Saml. S. Reynolds

11 BIRTHPLACE OF FATHER (city or town) (State or country): Veteran New York

12 MAIDEN NAME OF MOTHER: Maria Clark

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Bradford Co. Penna

Informant: Mr. Durward L. Packard (son)
(Address): Stoneleigh - near Towson

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): December 21, 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934. to Dec. 20, 1934. that I last saw her alive on December 20, 1934. and that death occurred, on the date stated above, at 5-10 A. M.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis - duration 12 yrs.
Cardiac Decompensation - " 4 "
Acute Dilatation of Heart - Terminal

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Arthritis (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) William E. Cole, M. D.

12-21, 1934 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Prospect Hill - Towson

DATE OF BURIAL: Dec 23 1934

20 UNDERTAKER: Stewart & Company

ADDRESS: 108 W. Read

F 07674

B. 1268-9

7674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1603 Fleet St. 2-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ursula Hacker

(a) Residence: No. 1603 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Hacker

TE OF BIRTH (month, day, year) March 1-1856

E Years	Months	Days	If LESS than 1 day, hrs. or min.
78 77	9	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework at home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto. Md

NAME ?

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME ?

BIRTHPLACE (city or town) (State or country) ?

FORMANT Mrs. John Wagenhorst
(Address) 124 Glenwood Ave

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 12/24 1934

NDERTAKER Libby & Zeller Inc.
(Address) 403 E. Lafayette St.

Registrar.

LED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1934 to Dec 20, 1934

I last saw h alive on Dec 20, 1934 Death is said to have occurred on the date stated above, at 7:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage →	10 wks.
Chr. Hypertension	?
arterio sclerosis	

Other contributory causes of importance: Arteriosclerosis 1 mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Douglas, M. D.

(Address) 1401 E. Fayette

D. B. 1269-9

F 07675

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward 1-01)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Weaver

(a) Residence: No. 510 S Collington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Aug 14, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. O+D

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

13. NAME David

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 24 . 1937

19. UNDERTAKER Sollas & Zeiler

(Address) 665 Lombard

Dec 23 1937 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1937 to Dec 21, 1937

I last saw him alive on Dec 21, 1937 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage, ut.	2 wks
Bronchopneumonia	1 day

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Phaneuf, M. D.

(Address) Balt City Hosp

F 07676

. B. 1268-9

376 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1527 E 29th St St., 27 Ward)

gth of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hannah C Kelly

(a) Residence: No. 1527.E.29th St., 27 Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed.

ATE OF BIRTH (month, day, year) June 10 1851

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
83	6	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Philadelphia Pa

. NAME John P Carey

. BIRTHPLACE (city or town) (State or country) Ireland

. MAIDEN NAME Hannah Sullivan

. BIRTHPLACE (city or town) (State or country) Ireland

NFORMANT Mrs Donald H Reeve(Niece)
(Address) 1527.E.29th St

URIAL, CREMATION, OR REMOVAL
Place St Marys Govans Date Dec 24 1934

NDERTAKER Lilly & Zeiler Inc
(Address) 1031 E Baltimore St

ILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.21 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1934, to Dec 21 1934

I last saw h alive on Dec 20 1934. Death is said to have occurred on the date stated above, at 1pm m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. nephritis	1933

Other contributory causes of importance:

Cerebral hemorrhage	Cerebral 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fritz J Klumpp M. D.

(Address) 2700 Harford Ave

F 07677

H. D. B. 1268-9

F 07677 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 137

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 2-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Everett

(a) Residence: No. 305 S. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed or divorced
Husband of Mary Everett

DATE OF BIRTH (month, day, year) Feb 17, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Everett

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Caroline Ferrell

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Hospital Records
(Address) City Hosp.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 24 1934

UNDERTAKER Selby & Zeibert
(Address) 426 N. Howard St.

FILED Dec 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1934 to Dec 20, 1934

I last saw he alive on Dec 20, 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy Prostatic Bladder	?
Contributory causes of importance: Broncho-pneumonia	12/17/34
Pyo-nephrosis	12/18/34

Name of operation Prostatectomy Date of 11/19/34

What test confirmed diagnosis? Path. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Garst M. D.
(Address) Balto. City Hospitals

F 07678

D. P. [illegible] F 07678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward) 6-01

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Johnson

(a) Residence: No. 1107 Easton Court Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Johnson

6. DATE OF BIRTH (month, day, year) 7-5-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 040

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) (?) Maryland

13. NAME OF FATHER John Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Lucy (Unknown)

16. BIRTHPLACE (city or town) (State or country) (?) Alabama

17. INFORMANT Balto. City Hospitals Records

(Address) ?

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 12/22 1934

19. UNDERTAKER Daniel Easton

(Address) 916 Penna ave

Filed 12-28 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1934 to 12-21 1934

I last saw him alive on 12-21-1934 Death is said to have occurred on the date stated above, at 10:45 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancinoma of Stomach	4 Mos
	5 days

Other contributory causes of importance: Secondary Anemia, Malnutrition, Myocardial Failure

Name of operation Gastrostomy Date of 0

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagel, M. D.

(Address) Balt City Hosp

D. P. 1268-B

F 07679 Corthorn F 02679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1317 Woodyear St., 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mozzie Corthorn

(a) Residence: No. 1317 Woodyear St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Corthorn

6. DATE OF BIRTH (month, day, year)				
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Leslie Randolph

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Rosie Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Frank Corthorn

(Address) 1317 Woodyear

18. BURIAL, CREMATION, OR REMOVAL LESLIE MANOR, VA Date 12/22 19 34

Place

19. UNDERTAKER Daniel Easton

(Address) 716 Pennsa ave

Dec 19 34

Registrar.

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/19/34

22. I HEREBY CERTIFY, That I attended deceased from 12/15/34 to 12/19/34

I last saw h[illegible] alive on 12/15/34 and [illegible] said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 Year

Other contributory causes of importance: Pneumonia Flu

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Lee Steel, M. D.

(Address) 624 Madison

F 07680

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07680

23

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH Baltimore City Hospitals (Tb.) St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. .....

gth of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

FULL NAME Lueida Davis

(a) Residence: No. 1715 Latrobe st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

If married, widowed, or divorced HUSBAND of (or) WIFE of Gilbert Davis

DATE OF BIRTH (month, day, year) July ? 1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	5		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

8. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

9. BIRTHPLACE (city or town) (State or country) South Carolina

10. NAME Nathan Brenton

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. MAIDEN NAME Nancy ?

14. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemty Date 12/23/34

UNDERTAKER Mrs Lepps D. Bagley

(Address) 1421 Jefferson Ste

12/23 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19 1934

22. I HEREBY CERTIFY, That I attended deceased from October 31, 1934, to December 19, 1934

I last saw her alive on December 19, 1934. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	August 1934

Other contributory causes of importance:

Name of operation Cesarean section Date of 12/16/34

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify

(Signed) Myer W. Jacobson M. D.

(Address) Baltimore City Hospitals

D. B. F 07681

F 07681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 E. Chase St., 10-01 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Smith

(a) Residence: No. 1408 E. Chase St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of L. Smith

6. DATE OF BIRTH (month, day, year) Jan. 1-1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Missouri

13. NAME Williams Banks

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Jane Johnson

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT Jennie Greene

(Address) 1408 E. Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 12/23/34

19. UNDERTAKER Payne Sanders

(Address) 1413 E. Preston St

19... Registrar

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1934 to 12-20-34, 19...

I last saw her alive on 12-20, 1934 Death ~~was~~ occurred on the date stated above, at 2.35 ~~p.~~ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	12-11-34

Other contributory causes of importance:

chr. myocarditis
chr. interstitial Nephritis

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wayne Brown M. D.

(Address) 1503 Madison Ave

F 07682

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07682

CERTIFICATE OF DEATH

93-003

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE MD St. 9-01 Ward)

Length of residence in city or town where death occurred 79 yrs. 10 mos. 22 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

FULL NAME Agnes Saunders

(a) Residence: No. 150 N. Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Jan. 30, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	10	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Thomas Saunders

14. BIRTHPLACE (city or town) (State or country) --------- Maryland

15. MAIDEN NAME Sarah Vansant

16. BIRTHPLACE (city or town) (State or country) --------- Maryland

17. INFORMANT Dr. Geo. V. Milholland

(Address) 2725 Maryland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 12/24, 1934

19. UNDERTAKER Henry U. Mears & Son

(Address) 805 N. Eden St.

20. FILED ... 19... Registrar.

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 1934

22. I HEREBY CERTIFY, That I attended deceased from December 18. 1934. to December 22, 1934.

I last saw her alive on December 22, 1934 Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Hypertension	
3. Arteria. myocarditis	
4. Bronchopneumonia	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wasmuller, M. D.

(Address) ST. JOSEPH'S HOSPITAL

D. B. 1268 F 07683

F 07683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1020 Union Ave St. 13-01 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Virginia Dent

(a) Residence: No. 1020 Union Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of James H Dent

DATE OF BIRTH (month, day, year) June 3 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME OF FATHER Edward Amos

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Mary E Morris

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT James Dent

(Address) 1020 Union Ave

BURIAL, CREMATION, OR REMOVAL

Place St Mary's Date 12-24 19 34

UNDERTAKER Franklin W Baily

(Address) 409 N 33 St

DATE 12-31 19 34 Registrar.

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 34

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to Dec 21 1934

I last saw h... alive on Dec 21 1934 Death is said to have occurred on the date stated above, at 3.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Cardiac Disease Mitral regurgitation ? Stenosis	

Other contributory causes of importance:

Bronchopneumonia	7 days
Cardiac Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Ex Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W W Dyson M. D.

(Address) 3419 Chestnut Ave

B 1768-9 F 07684

Dr Valentine F 7, 30 F 07684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. Franklin Square Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME Solomon Silverman

(a) Residence: No. 400 Lawrence St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

married, widowed, or divorced HUSBAND of or) WIFE of Dora

TE OF BIRTH (month, day, year) 1869

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Russia

NAME Not Known

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Hannah

BIRTHPLACE (city or town) (State or country) Russia

FORMANT wife

Address) Rosedale, Md

RIAL, CREMATION, OR REMOVAL

Place Rosedale Date 12-29-34

DERTAKER Jos. Lewis Sons

Address) 1439 E. Baltimore St

Registrar.

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/22/34

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Shock	12-22-34

Other contributory causes of importance:

none	

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jos. L. Valentine Jr. M. D.
Coroner

(Address) 16 S. Broadway

D. B. Pres-8 F 07685

F 07685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH West Baltimore General Hospital

CITY OF BALTIMORE: (No. Payne & Dolphin St. 19-51 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth 37 yrs. mos. ds.

2. FULL NAME Simon Ginsberg

(a) Residence: No. 230 N Vincent St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1862

7. AGE: Years 77; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Vorkron

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Vorkron

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Benj. Ginsberg

(Address) 929 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL Holsen Cemetery Date 12/28/34

19. UNDERTAKER Joel Lewis Jr.

(Address) 1739 E Balto St

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 5, 1934 to December 21, 1934.

I last saw him alive on December 21, 1934 Death is said to have occurred on the date stated above, at 11 20 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Myocardial Disease	?
2. Chronic Fibrosus Pernicitis	Oct 1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Ashman M. D.

(Address) West Balto. Gen'l Hosp.

F 07686 F 07686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3615 Lucile ave 6-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

FULL NAME Abraham Hochberg

(a) Residence: No. 3615 Lucile St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sylvia Hochberg

DATE OF BIRTH (month, day, year) 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Joseph Hochberg

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Sylvia

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Sylvia Hochberg

(Address) 3615 Lucile ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 12-23-34

UNDERTAKER Hart Lewis Lee

(Address) 1959 E. Oaks St

DEC 23 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21/34

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Dec 21st 1934

I last saw h/ alive on Dec. 21st, 1934 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Alex A Weinstock M. D.

(Address) 4603 Park Heights Ave

D. P. 1268-9 F 07687 F 07687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 6-01

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. John Snyder

(a) Residence: No. Fallston, Md St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Vivian Snyder

6. DATE OF BIRTH (month, day, year) Dec 22, 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	11	39	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant Proprietor 044

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME OF FATHER John Snyder

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME OF MOTHER Elizabeth Ritz

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Vivian M. Snyder
(Address) Fallston Md

18. BURIAL, CREMATION, OR REMOVAL Union Chapel Cemetery Dec. 24 '34

19. UNDERTAKER Frederick Sappington Sons
(Address) 748 Edmondson Road

Dec 23 1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1934 to Dec 21, 1934

I last saw him alive on Dec 21, 1934 Death is said to have occurred on the date stated above, at 10:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	3/5/31
Other contributory causes of importance: Uremia	12/1/34

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. F. Sedlacek M. D.

(Address) Church Home & Infirmary

D. B. 1206 F 07688 F 07688

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-001
Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 1 University Parkway St. 12-01 Ward)

Length of residence in city or town where death occurred 60 yrs. — mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Bauernschmidt

(a) Residence: No. 1 University Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Ida Bauernschmidt

DATE OF BIRTH (month, day, year) Dec. 14. 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 45

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Paper Dealer

8. Date deceased last worked at this occupation (month and year) 12/21/34

11. Total time (years) spent in this occupation 21

9. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George Bauernschmidt

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaretha Wiesner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT daughter Mrs. Gordon Vakant 2

(Address) 308 Tuscany

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Cemetery Date 12/24/34 19

19. UNDERTAKER Henry W. Jenkins Sons Co. McCulloh-Orchard Sts.
(Address)

FILED 19 Registrar

12 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21 . 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6 . 1926 to Dec 21 . 1934

I last saw h alive on Dec 21 . 1934 Death is said to have occurred on the date stated above, at 11 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 21 1934
Other contributory causes of importance:	
Hypertension	1926
Gout	1916?
Angina pectoris	1929

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P. Hamburger M. D.

(Address) 120 Eutaw Place

F 07689

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07689

CERTIFICATE OF DEATH

✓ 121

Registered No.

PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Edmondson Aves St. 21-8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Harry Ripley (Harry F. Ripley)

(a) Residence: No. 1174 Washington Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Rose — Ripley

DATE OF BIRTH (month, day, year) February 13, 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	10	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Park Police

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore City

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME James T. Ripley

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MAIDEN NAME Mary Toomey

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs Harry Ripley - Wife

(Address) 1174 Washington Blvd

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Dec. 26, 1934

UNDERTAKER Joseph H Cook

(Address) 1005 E. Baltimore St.

DEC 23 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-19-, 1934 to 12-22-, 1934

I last saw h alive on 12/22 1934. Death is said to have occurred on the date stated above, at 1.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Retrocecal Appendicocele Abscess	1½ wks
Gas bacillus infection Rt hip & Thigh	4d
Septicemia	2d.

Other contributory causes of importance:

Name of operation Incision & Drainage Date of 12/20

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Peters M. D.

(Address) St Agnes Hosp

F 07690

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07690

× 184.

CERTIFICATE OF DEATH.

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. University Hospital St. 4-01 Ward)

2-FULL NAME William A. Miller

(a) RESIDENCE NO. Rolling Rd & A St., St. Denis St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Fannie D. Miller

DATE OF BIRTH (month, day, and year) January 5, 1872

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	62	11	18 8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Machinist 631

(b) General nature of industry, business, or establishment in which employed (or employer) B & O R.R.

(c) Name of employer

BIRTHPLACE (city or town) Howard County

(State or country) Maryland

10 NAME OF FATHER Mr. Miller

11 BIRTHPLACE OF FATHER (city or town) _____

(State or country) Unknown

12 MAIDEN NAME OF MOTHER Annie ?

13 BIRTHPLACE OF MOTHER (city or town) _____

(State or country) Germany

Informant Mrs. Fannie D. Miller

(Address) Rolling Rd & A St., St. Denis

31934

_____, 19 _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 21, 1934 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gunshot wound of head (Accidental ?) ds.

CONTRIBUTORY (Secondary) _____

(duration) _____ yrs. _____ mos. _____ ds.

(Signed) Eugene Feldes M. D.

(Coroner)

, 19 (Address) 2739 Eastern Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ..... yrs., ... mos., ... ds. In the State ..... yrs., ... mos., ... ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL, CREMATION OR REMOVAL Zion Cemetery, Dorsey, Md. Date of Burial Dec. 24 19 34

20 UNDERTAKER Joseph B Cook ADDRESS 1003 West Baltimore St

D. B. 1268-9 F 07691

F 07691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. St., Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H Sawkins

(a) Residence: No. 2225 Longwood St., Balt. Ward. Philadelphia, Pa

Visitors [illegible] place of abode (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Sawkins

6. DATE OF BIRTH (month, day, year) March 20, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	9	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drexel College (Phila.)

10. Date deceased last worked at this occupation (month and year) Nov. 29, 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER William E. Sawkins

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME OF MOTHER Anna M. Hoffman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Anna M. Sawkins

(Address) 2225 Longwood St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date December 24 19 34

19. UNDERTAKER Joseph H Cook

(Address) 1005 E. Baltimore St.

20. Filed ... 19 ... Registrar.

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1934 to Dec 20, 1934

I last saw him alive on Dec 20, 1934 Death is said to have occurred on the date stated above, at 11.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset	Duration
Pericholecystic Abscess.		6 weeks
General Peritonitis		3 weeks
Other contributory causes of importance:		
Cardiac Failure		24 Hrs

Name of operation Pelvic Laparotomy Date of 12-5-34

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John K Cowan, M. D.

(Address) W.B.&A.

over

F 07692

F 07692

938

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred ..... yrs. mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME (Catharine) Lapina

(a) Residence: No. 111 - 13 st St., ... Ward Jeannette Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of (Alexander) Alessandro

6. DATE OF BIRTH (month, day, year) July 21 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	5	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Circeto-Parma - Italy

13. NAME OF FATHER (John Savarino) Antonio Savarese

14. BIRTHPLACE (City or town) (State or country) Circeto Parma Italy

15. MAIDEN NAME OF MOTHER Maria Lucchi

16. BIRTHPLACE (city or town) (State or country) Italy Circeto-Parma

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Greensburg Pa Date Dec 23 1934

19. UNDERTAKER John C. Miller

(Address) 2435 E. Carson St

Dec 23 1934

19. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Dec 22 1934

I last saw her alive on Dec 22 1934 Death is said to have occurred on the date stated above, at 7.57 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (benign)	July 1933

Other contributory causes of importance:

Name of operation Craniotomy Date of 12/20/34

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Laura S. Stafford M. D.

(Address) The Johns Hopkins Hospital

D. B. 1268-2

F 07693

F 07693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2415 Edmondson Ave. St. 20-01 Ward)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maria Louisa Holmes.

(a) Residence: No. 2415 Edmondson Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) January 1. 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Richard Holmes.

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Mary Ann Brooks,

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT Miss Mary E. Holmes,
(Address) 2415 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date DEC 24 1934 19

UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave.

FILED ..... 19 ..... Registrar

DEC 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7. 1934. to Dec 22. 1934.

I last saw h alive on Dec 22. 1934. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy,	15 days
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm Bowman Hood M. D.

(Address) 2216 Garrison Blvd.

F 07694

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07694

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2065 E. Hilton St., 20-21 Ward)

Length of residence in city or town where death occurred 86 yrs. 6 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louisa Eichelburger

(a) Residence: No. 2065 E. Hilton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Chas. E. Eichelburger

DATE OF BIRTH (month, day, year) June 5 - 1848

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
86	6	17	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
9. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Wm. Hirtle
14. BIRTHPLACE (city or town) Germany
(State or country)
15. MAIDEN NAME Louisa Myer
16. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mrs. Mary Dorsey
(Address) 2912 W Lafayette Ave

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 12/24/34

UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave

FILED 1934 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1933 to Dec 24, 1934
I last saw h alive on Dec 22, 1934 Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstitial Nephritis	1929
Other contributory causes of importance:	
Chr. Myocarditis	1929

Name of operation None Date of
What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. Brown M. D.
(Address) 1663 W. North Ave

F 07695

F 07695

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2223 Brunt St., [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Jones

(a) Residence: No. 2223 Brunt St., ... Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~ Widowed, or Divorced (write the word)
F	Col	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 10/4/1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	x 2	x 17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

BIRTHPLACE (city or town) (State or country) Calvert Co Md
13. NAME Elizabeth Jones ~~Elizabeth Jones~~
14. BIRTHPLACE (city or town) (State or country) Calvert Co
15. MAIDEN NAME Nancy Jones
16. BIRTHPLACE (city or town) (State or country) Calvert Co
INFORMANT Frank Jones
(Address) 1553 Leslie st
BURIAL, CREMATION, OR REMOVAL
Place St Peters Date 12/24 19 34
UNDERTAKER Daniel Easton
(Address) 916 Penna ave

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21 19 34

22. I HEREBY CERTIFY, That I attended deceased from 12/17 19 34 to 12/21 19 34
I last saw her alive on 12/21 19 34 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Nephritis + Uremia.	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. M. Roberts, M. D.
(Address) 213 [illegible]

F 1034

F 07696 ✓ F 07696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4326 W. Lombard St. 26-C Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary L Posluszny

(a) Residence: No. 4326 W. Lombard St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~
(or) WIFE of Stanley Posluszny

DATE OF BIRTH (month, day, year) About 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	62			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) Dec 1902

11. Total time (years) spent in this occupation 35

9. BIRTHPLACE (city or town) (State or country) Poland

10. NAME William Kail

11. BIRTHPLACE (city or town) (State or country) Poland

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Poland

14. INFORMANT Rose D'Amaro

(Address) 4326 E. Lombard St

15. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Dec 24th 1934

16. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

17. Date received ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14 1934 to Dec. 22, 1934

I last saw her alive on Dec. 21, 1934. Death is said to have occurred on the date stated above, at 2:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	1934
Other contributory causes of importance: Myocardial failure	

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? None.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan H Shyrock M. D.

(Address) 2351 Eutaw Place

D. P. F 07697 ✓ F 07697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 16-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 16 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Spann

(a) Residence: No. 1205 Edmondson Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William

7. DATE OF BIRTH (month, day, year) July 31, 1897

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	4	20	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

11. Date deceased last worked at this occupation (month and year) | 12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) West Virginia

14. NAME Daniel Reed

15. BIRTHPLACE (city or town) (State or country) W. Va

16. MAIDEN NAME Elizabeth Brunner

17. BIRTHPLACE (city or town) (State or country) W Va

18. INFORMANT Reeds

(Address) Back City Hosp.

19. BURIAL, CREMATION, OR REMOVAL

Place N.I. 2455 Date Dec 24 1934

20. UNDERTAKER Elroy O Wilson

(Address) 1010 Pennsylvania Ave

FILED 19 [illegible]

1504

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1934 to Dec. 21 1934

I last saw her alive on Dec 21 1934 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, multiple	1 yr.
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magill M. D.

(Address) Back City Hosp

F 07698 ✓ F 07698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-001
REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1025 N. Carrollton Ave.) (6-01 WARD)

2. FULL NAME James Andrew Bond.

(a) RESIDENCE No. 1025 N. Carrollton Av. ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Bertha Elizabeth Bond.

DATE OF BIRTH (month, day, and year) Sept. 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	3	—	

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Cook
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Oliver Bond

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore Md.

12 MAIDEN NAME OF MOTHER Sarah Queen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore Md.

Informant (Address) James Oliver Bond 1025 Carrollton Ave.

Filed ..., 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-21-'34

17
I HEREBY CERTIFY, That I attended deceased from 12-15-, 1934, to 12-21-, 1934
that I last saw him alive on 12-20-, 1934
and that death occurred, on the date stated above, at 5:45 a m.

The CAUSE OF DEATH* was as follows:

Acute Pyocarditis

(duration) — yrs. — mos. 21 ds.

CONTRIBUTORY (Secondary) ...
(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of ...

Was there an autopsy?

What test confirmed diagnosis?

(Signed) C. Manuel Lawrence M. D.

19 (Address) 1023 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cadenal — DATE OF BURIAL Dec 24th 19 34

20 UNDERTAKER Elroy Allen — ADDRESS 1010 Binney St

R 1265-3 F 07699

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07699

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2020 St. Paul St. 12-01 Ward)

th of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Grace E. Smith

(a) Residence: No. 2020 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
ale	White	Married

married, ~~(Widowed or divorced)~~
(or) WIFE of Herndon A. Smith

TE OF BIRTH (month, day, year) June 16th 1889

E Years	Months	Days	If LESS than 1 day, hrs. or min.
45	6	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

RTHPLACE (city or town) (State or country) Pennsylvania

NAME James T. Chambers

BIRTHPLACE (city or town) (State or country) McKeesport

MAIDEN NAME Nellie Coe

BIRTHPLACE (city or town) (State or country) Waynesburg Pa

FORMANT (Address) Herndon A. Smith 2020 St Paul St

RIAL, CREMATION, OR REMOVAL

Place Woodlawn Date Dec 24th 1934

NDERTAKER (Address) Wm Cook 1217 St Paul St

LED 1934 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22nd 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1934 to Dec. 22 1934

I last saw h alive on Dec. 21 1934 Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	about 20 yrs ago.

Other contributory causes of importance:

Arteriosclerosis, Hypertension and Ureteral Strictures

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Gustavus C. Johnson M. D.

(Address) 3014 St Paul St. Balto Md

B 1268-9

F 07700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07700

210-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. West Baltimore General Hospital St., 16-4 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME James B. Rathell

(a) Residence: No. 2817 Presstman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

If married, widowed, or divorced HUSBAND of (or) WIFE of ✓ Annie B

DATE OF BIRTH (month, day, year) Nov. 5, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	1	18	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warehouse Mg. Hdlr

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 009

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Easton, Md

12. NAME James B Rathell

13. BIRTHPLACE (city or town) (State or country) Easton, Md

14. MAIDEN NAME Elizabeth Davis

15. BIRTHPLACE (city or town) (State or country) Talbot Co, Md

16. INFORMANT George B Winchester

(Address) 2817 Presstman

17. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date Dec 26, 1934

18. UNDERTAKER Chas. G. Black

(Address) 742 N. Fulton ave

19. FILED Dec 24, 1934 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 ... to ... 19 ...

I last saw him alive on Dec 19 ... Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures Shock	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 12/23/1934

Where did injury occur? Poplar Road & Presstman (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph O'Donnell Coroner, M. D.

(Address) 2205 E Madison St.

D. B. F-07701 ✓ F 07701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3913 Liberty Heights ave St.) (15-01 Ward)

Length of residence in city or town where death occurred 16 yrs. mns. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jennie M. Young

(a) Residence: No. 3913 Liberty Heights ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard S. Young

DATE OF BIRTH (month, day, year) Feby. 16. 1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	10	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) New Jersey

10. NAME Ezekial Hoganman

12. BIRTHPLACE (city or town) (State or country) N. J.

13. MAIDEN NAME Elizabeth Buckworth

14. BIRTHPLACE (city or town) (State or country) N. J.

INFORMANT Carrie B. Gault

(Address) 3913 Liberty Heights ave

BURIAL, CREMATION, OR REMOVAL

Place Bloomsburg Pa. Date Dec 24. 1934

UNDERTAKER John O. Mitchell & Son

(Address) 1700 Eutaw Place

FILED . 19 . Registrar.

1934 Harriet M. Riley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6. 1934, to Dec. 22. 1934.

I last saw her alive on Dec. 22. 1934. Death is said to have occurred on the date stated above, at 2.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	16 yrs
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Hess M. D.

(Address) 5600 York Road

B. 1268-9

F 07702

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07702

CERTIFICATE OF DEATH

82-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Riviera Apts. St., 13-01 Ward)

gth of residence in city or town where death occurred 45 yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Laura Frank Greif

(a) Residence: No. Riviera Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Max Greif

DATE OF BIRTH (month, day, year) April 4, 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77	8	11	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Leon Frank

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Fleishman

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Nelson Kutzman

(Address) Riviera Apts.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Reburied Dec 24 1934

UNDERTAKER David Sonnheim & Son

(Address) 1902 Eutaw Place

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1934 to Dec 22 1934

I last saw her alive on Dec 22 1934 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	Dec 18

Other contributory causes of importance:

Arterio-sclerosis; Cardiac dilatation

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Julius Friedenwald M. D.

(Address) 1013 N. Charles St.

Reg. No. 07703

F 07703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 7-01 Ward)

Length of residence in city or town where death occurred ? yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Fannie Jones

(a) Residence: No. 668 W Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of (Sig) James

DATE OF BIRTH (month, day, year) Feb. 6, 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	10	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington D.C.

? NAME ?

? BIRTHPLACE (city or town) (State or country) ?

? MAIDEN NAME ?

? BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records (Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cemetery Date Dec 24 1934

UNDERTAKER Robert Fabian (Address) 625 E Druid Park Drive

FILED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10 1934 to Dec 21 1934

I last saw h[illegible] alive on Dec 21 1934 Death is said to have occurred on the date stated above, at 3:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C. H. S. Syphilis	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] Phagan M. D.

(Address) Balt City Hosp.

D. B. F 07704

F 07704 1934

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-00268

95 1866

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 542 Dolphin St. (Ward)

Length of residence in city or town where death occurred yrs. 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Beale

(a) Residence: No. 542 Dolphin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Robt. Beale

6. DATE OF BIRTH (month, day, year) Mar 1st 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St Mary's Co. Md

13. NAME OF FATHER Curtis Read

14. BIRTHPLACE (city or town) (State or country) St Mary's Co

15. MAIDEN NAME OF MOTHER Ann Barker

16. BIRTHPLACE (city or town) (State or country) St Mary's Co

17. INFORMANT Estella Grayson

(Address) 542 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Dec 26th 1934

19. UNDERTAKER Thompson & Wright

(Address) 1000 Cornelian Ave

Dec 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1934 to Dec 22, 1934

I last saw h[illegible] alive on Dec 22, 1934 Death is said to have occurred on the date stated above, at 8.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Carditis	

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. E. Shannon M. D.

(Address) 700 N. Fulton Ave

B 1268-9

07705 HEALTH DEPARTMENT—CITY OF BALTIMORE 07705

CERTIFICATE OF DEATH

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 709 N. Patterson Pk. Ave. St., 9-A Ward)

h of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Edward E. Johnson

(a) Residence: No. 709 N. Patterson Pk. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) July-1879

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
55	5		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 13. Total time (years) spent in this occupation

RTHPLACE (city or town) Balto. (State or country) Md.

NAME Edward P. Johnson

BIRTHPLACE (city or town) Sweden
(State or country)

MAIDEN NAME Lucretia Smith

BIRTHPLACE (city or town) Md.
(State or country)

ORMANT Lilia Hooper
Address) 2357 Eastern Ave.

RIAL, CREMATION, OR REMOVAL
lace Balto. Cem. Date Dec. 24/34, 19

DERTAKER Wm. T. Miller Sons
Address) 2411 Eastern Ave.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Chr Myocarditis	? ?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 708 E. Ivanhoe

F 07706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2903 Brighton St., 16-W Ward)

(If outside city limits, give city or town where death occurred) ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ida Elizabeth Francos

(a) Residence: No. 2903 Brighton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

(If married, widowed or divorced) HUSBAND of (or) WIFE of Edward A. Francos

DATE OF BIRTH (month, day, year) Oct 27 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	1	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework,

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) Retired.

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF Sales, Baughman

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME Nancy Ann Stout

BIRTHPLACE (city or town) (State or country) Chicago Ill

INFORMANT Beasley Graff

(Address) 2903 Brighton St

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date 12/24/ 1934

UNDERTAKER E. J. Fanning & Son

(Address) 1931 E. Lafayette Ave

FILED 19 Registrar

24 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) Dec 20th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident. Asphyxiated by Illuminating Gas	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury Dec 20th, 1934

Where did injury occur? 2903 Brighton St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Knuth Coroner, M. D.

(Address) Coroner

F 07707

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07707

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3709 Milford Ave 28-21 Ward)

Length of residence in city or town where death occurred 87 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Kate Dopman

(a) Residence: No. 3709 Milford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced, HUSBAND of (or) WIFE of: John S. Dopman

DATE OF BIRTH (month, day, year): Jul 27 - 1850

6. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	4	24 23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

13. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto

NAME OF FATHER: John D Kan

BIRTHPLACE (city or town) (State or country): Balto

MAIDEN NAME OF MOTHER: Don't know

BIRTHPLACE (city or town) (State or country): Balto

INFORMANT: Mrs C M Kellman

(Address): 3709 Milford Ave

BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: Dec 27, 1937

UNDERTAKER: John Kerns

(Address): 2428 Orleans

FILED: Dec 28 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 21 at, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1936 to Dec 20, 1937

I last saw her alive on Dec. 19, 1937 Death is said to have occurred on the date stated above, at 7 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	2 yr
Other contributory causes of importance: Dropsy	2 mos

Name of operation: none Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. L. Deacon M. D.

(Address) 1909 Gaccinder St

F 07708 ✓ F 07708

1938 43 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 125-001

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 9-01 St., 9-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Vera May Shaffer

(a) Residence: No. 6745 Holabird St., Ward. Balto. Co., Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/26/33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	8	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Paul Shaffer

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME OF MOTHER Mary Pugh

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date Dec 27. 1934

19. UNDERTAKER Lohr Funeral Home

(Address) 1200 Edmondson Ave

FILED Dec 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934 to Dec 21, 1934

I last saw her alive on Dec 21, 1934 Death is said to have occurred on the date stated above, at 3:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute yellow atrophy of liver	12-10-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

B. 1268 F 07709

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07709

CERTIFICATE OF DEATH

80

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 719 McKewin Ave. St., 9-01 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William J. Gregory

(a) Residence: No. 719 McKewin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Widower

married, widowed, or divorced
HUSBAND of (or) WIFE of Mattie F. Gregory

TE OF BIRTH (month, day, year) Sept. 21st. 1866

E Years	Months	Days	If LESS than 1 day.... hrs. or min.
8	3		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME James C. Gregory

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Georgeanna Layton

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FORMANT Mrs M. Grace Rowles
(Address) 719 McKewin Ave.

RIAL, CREMATION, OR REMOVAL
Place Greenmount Date 12/24/34.

NDERTAKER Frederick A. Foos
(Add 1200 W. Lombard St

LED ... 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22 . 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17 . 1929 to Dec 22 . 1934

I last saw h... alive on Dec 22 . 1934. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	12/21/34
Myocardial Insufficiency	6/1/34
Other contributory causes of importance:	
Tabes Dorsalis	4/11/29

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No . 19 ...

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No

Manner of injury No

Nature of Injury No

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) Daniel Miller . M. D.

(Address) 1502 N Broadway

F 07710

F 07710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. 19-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Union Memorial Hosp St., Ward)

th of residence in city or town where death occurred ~~6 yrs~~ mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George E. Jenkins

(a) Residence: No. 1326 MacHenry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

married, widowed, or divorced
USBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Oct. 19, 1927

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	2	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore Md.
(State or country)

NAME Edward Jenkins

BIRTHPLACE (city or town) Virginia
(State or country)

MAIDEN NAME Zora Dodson

BIRTHPLACE (city or town) Virginia
(State or country)

FORMANT Mrs Edward Jenkins
(Address) 326 MacHenry street

RIAL, CREMATION OR REMOVAL

Place Mt Olivet, Date 12/24, 1934

NDERTAKER Frederick A Cole
(Address) 1200 W Lombard St

LED , 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21-34, 1934

22. I HEREBY CERTIFY, That I attended deceased from
9-19, 1934, to 12-21, 1934
I last saw him alive on 12-21, 1934. Death is said to have occurred on the date stated above, at 9:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	9-12-33
Cardiac Decompensation	9-19-34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Manes S. Heckt M. D.
(Address) Union Memorial Hospital

B 1[illegible] 07711 ✓ F 07711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Good Shepherd Hosp. St., ... Ward)

th of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME Irene Hicks

(a) Residence: No. 927 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
...ale	Col	Divorced

... married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 1895

E	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	39			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 010

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) md.
(State or country)

NAME Unknown

BIRTHPLACE (city or town)
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town)
(State or country)

FORMANT Jessie Barnes
(Address) 902 N. Carolina

RIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date Dec 24 1934

NDERTAKER Edw. Pinson
(Address) 1631 Orleans St

LED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

10. DATE OF DEATH (month, day, year) Dec 19th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction,	
Bronchitis	
Other contributory causes of importance:	
Pneumonia	

Name of operation Regular Date of ...

What test confirmed diagnosis? ... there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

H. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

07712 07712

CERTIFICATE OF DEATH

131

Registered No. 378

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 619 N Bond St., E. Ward)

th of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ida Symes

(a) Residence: No. 619 N. Bond St., E. Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of George Symes

TE OF BIRTH (month, day, year) May 6 1900

E Years	Months	Days	If LESS than 1 day, hrs. or min.
34 Yrs	7		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

. NAME Mary Carter

. BIRTHPLACE (city or town) (State or country) Baltimore Md

. MAIDEN NAME Mamie Hall

. BIRTHPLACE (city or town) (State or country) Baltimore Md

FORMANT Mrs Mary Harris
(Address) 603 Aisquith St

URIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 12-24 . 1934

NDERTAKER Peyton Thomas & Knight

(Address) 1700 E. Lafayette

24 1934 . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21st . 1934

22. I HEREBY CERTIFY, That I attended deceased from November 4 1934 to December 21 1934

I last saw h alive on Dec 20 . 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumococcal Septicemia

Auto injuries

Contributory to by Com

Other contributory causes of importance:

Unknown

Date of onset

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed) . M. D.

(Address) 110 W. Lafayette

713

F 07713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34 Registered No.

PLACE OF DEATH Good Shepherd General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 1510-12 Fillmore St., E-1 (Ward)

rth of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fannie Cooper

(a) Residence: No. 1315 N. Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	A.A	Married

married, widowed, or divorced
(or) WIFE of Edward Cooper

ATE OF BIRTH (month, day, year) 11/2/164

SE	Years	Months	Days	If LESS than 1 day, hrs. or min.
0	70	0	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Own 0 37

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Nulle Maryland

NAME unk

BIRTHPLACE (city or town) (State or country) Unk

MAIDEN NAME Martha Richardson

BIRTHPLACE (city or town) (State or country) nulle Maryland

FORMANT Edward Cooper

(Address) 1315 N. Dallas

RIAL, CREMATION, OR REMOVAL

Place Evergreen Date dec 24 1934

NDERTAKER Theodore L. White

(Address)

FILED DEC 24 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/19, 1934 to 12/21, 1934

I last saw h alive on 12/21, 1934. Death is said to have occurred on the date stated above, at 12:00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Nephritis	12/1
Diabetic Coma	12/19

Other contributory causes of importance:

Arterio Sclerosis	
Hypertension	
Tertiary Lues	Unk

Name of operation none Date of

What test confirmed diagnosis? Unk Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Booker Street

F 07714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 625 E. Clement St. St.) 24-01 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lena Benner

(a) Residence: No. 625 E. Clement St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thaddeus S. Benner

DATE OF BIRTH (month, day, year) Feb. 25 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2 9	25 28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME OF FATHER John F. Dittmar

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mr. Thaddeus S. Benner

(Address) 625 E. Clement St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date Dec 26 1934

UNDERTAKER J. Frew Mc Clure

(Address) 130 E. Fort Ave

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from May 31st 1934 to Dec 23 1934

I last saw her alive on Dec 23 1934. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Lungs	5/31/34
Other contributory causes of importance:	
Carcinoma of Breast	1928

Name of operation Amputation of Breast Date of 1928

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Sidney H. Strull M. D.

(Address) 420 E. Fort Ave

✓ F 07715

P 1268-9

715 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001
Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 225 S. East ave. St., 76-01 Ward)

gth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Adam Hertrich

(a) Residence: No. 225 S. East ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Hertrick

6. DATE OF BIRTH (month, day, year) Aug. 9 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	4	13	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 915

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) Germany.
(State or country)

9. NAME John Hertrich

10. BIRTHPLACE (city or town) Germany
(State or country)

11. MAIDEN NAME Elizabeth Hertrich

12. BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Catherine Hertrich
(Address) 225 S. East Ave.

BURIAL, CREMATION, OR REMOVAL
Place Oakland Am. Date Dec. 26 1934

UNDERTAKER George W. Zinkler
(Address) 1737 E Eager St

FILED 1934 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1934 to Dec. 22 1934

I last saw him alive on Dec. 21 1934 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1mo
Other contributory causes of importance:	
Arteri Sclerosis	1 yr.

Name of operation None Date of —

What test confirmed diagnosis Blood pressure Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Neer M. D.

(Address) 408 S Bethesda

P. 1268-9

F 07716

07716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 20-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella Wright

(a) Residence: No. 1909 Sandetta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Not Given

DATE OF BIRTH (month, day, year) Not Given

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Not Given

9. NAME Unknown

10. BIRTHPLACE (city or town) (State or country) Unknown

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Eleanor Lewis (daughter)
(Address) 1901 Sandetta Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Dec 24, 1934

UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

FILED Dec 26 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-19- 1934 to 12-21- 1934

I last saw her alive on 12-21- 1934. Death is said to have occurred on the date stated above, at 5 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	12-17-34

Other contributory causes of importance:

Chr. Nephritis

Name of operation Lab Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Edward L. Casey M. D.

(Address) Provident Hosp.

—8-16-29—L. F. S.—100 Bks.

07717 F 07717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

—PLACE OF DEATH 1071 W. Fayette St. REGISTERED NO. 18-01

TY OF BALTIMORE (No. Baltimore Md. St., 18 WARD)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

FULL NAME Florence Jane Canfield Yeary

a) RESIDENCE NO. 1071 W. Fayette St. WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Col.	Married

married, widowed, or divorced) Married

HUSBAND of (or) WIFE of Wm. Yeary

TE OF BIRTH (month, day, and year) Sept. 27, 1899

Years	Months	Days	If LESS than 1 day, hrs. or min.
—	11	27	23

CUPATION OF DECEASED

) Trade, profession or rticular kind of work Housework

) General nature of industry, siness, or establishment in ich employed (or employer) 1037

Name of employer

THPLACE (city or town) Surry Co. Va.

(State or country)

NAME OF FATHER Patrick Jane

BIRTHPLACE OF FATHER (city or town) Surry Co. Va.

(State or country)

MAIDEN NAME OF MOTHER Catherine Holmes

BIRTHPLACE OF MOTHER (city or town) Surry Co. Va.

(State or country)

Undertaker

Informant

Address

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-20-34

17 I HEREBY CERTIFY, That I attended deceased from 12/18/34 to 12/19/34,

that I last saw h alive on 12/19/34 at 2:30 A.M.

and that death occurred, on the date stated above, at 2:30 A.M.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) 1 yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. F. Barksdale M.D.

(Address) 5264 Caroline St

12/22/34

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Dec. 24, 1934

20 UNDERTAKER Mrs. Katie R. Williams

ADDRESS 322 N. Schroeder St.

D. B. 1268-9

✓ F 07718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1043 Roland Ave St., 27-01 Ward)

Length of residence in city or town where death occurred 53 yrs. 8 mos. 28 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles Wm Metcalfe

(a) Residence: No. 1043 Roland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced, HUSBAND of (or) WIFE of: Roberta L Metcalfe

6. DATE OF BIRTH (month, day, year): Nov 25 88

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst Boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): Dec 34

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: Chas W Metcalfe

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Alice Berry

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Mrs Roberta L Metcalfe

(Address): 1043 Roland Ave Balto

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: Dec 26 1934

19. UNDERTAKER: Redmans Sons

(Address): 2200 N Charles St.

19. FILED: ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934 to Dec 23, 1934

I last saw h[illegible] alive on Dec 16 1934. Death is said to have occurred on the date stated above, at 9[illegible] A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/16/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, what? ...

(Signed) H H Hunter, M. D.

(Address) 4037 Falls Road

B 1268-9

F 07719

HEALTH DEPARTMENT—CITY OF BALTIMORE

2719

CERTIFICATE OF DEATH

93-004

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1648 N. Fulton St., 45 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hannah Horwitz

(a) Residence: No. 1648 N. Fulton ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of late Wolf.

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Austria

NAME Charles Stummer

BIRTHPLACE (city or town) (State or country) Austria

MAIDEN NAME Sarah

BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Mrs Geo Diamond

(Address) 1910 N. Fulton ave

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cemet Date Dec 24 1934

UNDERTAKER Sol Levinson & Bro

(Address) 1126 W. North ave

Dec 24 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1934, to Dec 23, 1934

I last saw h[illegible] alive on Dec 23, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	2 years
Other contributory causes of importance:	
arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Levine, M. D.

(Address) 1810 Eutaw Pl.

B 1268-9

E 07720

07720 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X V13-001

PLACE OF DEATH Bon Secour Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Paulask St. Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rev. Thomas Anderson S M

(a) Residence: No. Marist Seminary St., Washington D.C. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Priest

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 10 1894

AGE Years 40 | Months 5 | Days 13 | If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Roman Catholic Priest 018

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Phila Pa

NAME Martin Anderson

BIRTHPLACE (city or town) (State or country) Norway

MAIDEN NAME Julia Dowling

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT (Address) Rev. Jos. M Sullivan Washington D C

BURIAL, CREMATION, OR REMOVAL Place Phila Pa Date 12/25 34

UNDERTAKER (Address) Joseph Fayling Fulton & Fayette

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 - 22 . 1934

22. I HEREBY CERTIFY, That I attended deceased from 12 - 18 . 1934 to 12 - 22 . 1934

I last saw him alive on 12 - 22 1934 Death is said to have occurred on the date stated above, at 5 30 p.m.

The principal cause of death and related causes of importance were as follows: Liver Abscess Dysentery

Date of onset ? ?

Other contributory causes of importance: Amoebic Dysentery ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel S. Shanahan M.D.

(Address) Bon Secour Hospital

D. B. 1263-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 024721

CERTIFICATE OF DEATH

V 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1023 W. Lexington St. 18-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Prettyman

(a) Residence: No. 1023 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Addie

6. DATE OF BIRTH (month, day, year): 1879

AGE: Years: 55 | Months: | Days: | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Oyster 070

9. Industry or Business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Sophia Prettyman

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Emma Balson

(Address) 1034 N. Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Zion Cem. Date 12/27/34

19. UNDERTAKER: Bernard T. Hemsley

(Address) 818 Druid Park Drive

FILED ....., 19.... Registrar.

41034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/22/1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1934, to Dec. 22, 1934.

I last saw him alive on Dec. 21, 1934. Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/13/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. H. Pigg M. D.

(Address) 1536 W. Lafayette St

B. 1268-9

F 07722

7722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1017 N. Charles Caroline St. 11-01 Ward)

th of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie Laymen

(a) Residence: No. 1017 N. Caroline St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Widow

married, widowed, or divorced
HUSBAND of
or) WIFE of Meyer

TE OF BIRTH (month, day, year) 1855

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 039

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME Unknown

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Barney Laymen
(Address) 1017 N. Caroline St

RIAL, CREMATION, OR REMOVAL
Hebrew Hermitage Date 12/24/34 19

NDERTAKER Louis Levy Inc
(Address) 1439 E. Baltimore St

ED 1934 . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 . 1934

22. I HEREBY CERTIFY, That I attended deceased from . 1930 to Dec. 23 . 1934

I last saw her alive on Dec 23 . 1934 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Chronic - Myocarditis

cardio renal disease

Other contributory causes of importance:

Chronic Bronchitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frank L. Smith M. D.

(Address) 927 N. Calvert St

F 1269-B

F 07723

23 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 48 N. Chester St. 6-01 Ward)

th of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Harry Wartt

(a) Residence: No. 418 N. Chester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married, widowed, or divorced USBAND of r) WIFE of Bertha

TH OF BIRTH (month, day, year) 1890

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill 031

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) Russia

NAME Morris Wartt

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Sarah Barsky

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Bertha Wartt

(Address) 418 N. Chester St

RIAL, CREMATION, OR REMOVAL Date 12/24/34 19

Green Mt Cemetery

DERTAKER Art Lewis & Sons Inc.

(Address) 1639 E. Baltimore St

ED 24 1934 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 . 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at before 6 a.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Other contributory causes of importance: Bronchial asthma	8 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) I. H. Faun Coroner, M. D.

(Address) 108 E. Lexington St

F 07724

D. B. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07724

CERTIFICATE OF DEATH

93-001

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Leith St 21-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Henson

(a) Residence: No. 603 Leith St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmale | 4. Color or Race: Mulo | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: James Henson

7. DATE OF BIRTH (month, day, year): July 1868

8. AGE: Years 66 | Months 5 | Days 7 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 637

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South Carolina

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME OF MOTHER: Elizabeth Gunderson

16. BIRTHPLACE (city or town) (State or country): S C

17. INFORMANT: Mattie Jenkins (Address) 613 Leith St

18. BURIAL, CREMATION, OR REMOVAL: Place Gilton, S C 12/25, 1934

19. UNDERTAKER: J M Cook (Address) 1219 Dolphin St

19 34 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to Dec 23, 1934

I last saw h[illegible] alive on 12/23, 1934 Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute tonsilitis	10 days

Other contributory causes of importance:

Acute cardiac dilatation	1 day

Name of operation none Date of .....

What test confirmed diagnosis? Gross findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Benjamin McCall M. D.

(Address) 2030 Mt Clare Ave

F 07725

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07725

CERTIFICATE OF DEATH

V 46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2738 Essex St 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. 10 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME John J. Szamocki

(a) Residence: No. 2738 Essex St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Szamocki

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	Over 45			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

12. NAME Peter Szamocki

13. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Sophia Szamocki

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Elizabeth Szamocki

(Address) 2738 Essex St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 12/26 19 34

UNDERTAKER William Fiaskowski

(Address) 1618 Eastern Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Dec 22 1934.

I last saw him alive on Dec 22 1934 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Zeller M. D.

(Address) 1739 Eastern Ave

F 07726

D. B. 1368-9 F 07726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1904 Bank St., 2-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. — mos. — ds. How long in U. S. If of foreign birth 51 yrs. — mos. — ds.

2. FULL NAME Henry Fabrizyak

(a) Residence: No. 1904 Bank St St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	M.

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fabrizyak

6. DATE OF BIRTH (month, day, year) Not known

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 67	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Joseph Fabrizyak

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mary Fabrizyak

(Address) 1904 Bank.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date Dec 27 1934

UNDERTAKER Wm S. Fialkowski

(Address) 2007 Eastern Ave

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/34

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1934 to Dec 23 1934

I last saw alive on Dec 23, 1934 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec. 20 34
Myocarditis	2 yrs

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓ 19 ✓

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? None If so, specify

(Signed) Geo. Hill M. D.

(Address) 1137 Gorsuch

oc—9-30—A. & Co.—250 Blks.

07727 F 07727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-002
REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Gittings Ave ST. 27-01 WARD)

2. FULL NAME Mary L. Arnwood

(a) RESIDENCE NO. 206 Gittings Ave ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Late Robert A. Arnwood

DATE OF BIRTH (month, day, and year) July 3, 1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	20	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) S.C.

10 NAME OF FATHER Andrew F. Dickson

11 BIRTHPLACE OF FATHER (city or town) (State or country) S.C.

12 MAIDEN NAME OF MOTHER Anna Woodhull

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ld. Del.

Informant Mrs. Harry F. Latchaw

(Address) 206 Gittings Ave

1934 Interment Registered by Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) December 23 1934

17

I HEREBY CERTIFY, That I attended deceased from January 1, 1934, to December 23, 1934

that I last saw h(er) alive on December 3, 1934

and that death occurred, on the date stated above, at 7 p. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) Cerebral Thrombosis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Signs

(Signed) A. S. Latchaw M. D.

Dec 27 1934 (Address) 6205 York Road

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Condor N.C. DATE OF BURIAL Dec 28 34

20 UNDERTAKER Harry H. Witzke ADDRESS 4101 Edmondson

D. P. 1265-9

F 07728

HEALTH DEPARTMENT—CITY OF BALTIMORE

7728

CERTIFICATE OF DEATH

Registered No. 546

PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs Carroll

(a) Residence: No. 1804 Fleet St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced — HUSBAND of (or) WIFE of: John Carroll

DATE OF BIRTH (month, day, year): March 28 1859

AGE: Years 75 | Months 8 | Days 28 | If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

8. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: Life

BIRTHPLACE (city or town) (State or country): Baltimore Md

2. NAME: Richard Phillips

3. BIRTHPLACE (city or town) (State or country): Maryland

9. MAIDEN NAME: Rosa Marshall

10. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT (Address): Hospital Records

BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemetery Date Dec. 26 1937

UNDERTAKER (Address) Lilly & Zeile Inc 403 S. Wolfe St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23 37

22. I HEREBY CERTIFY, That I attended deceased from Dec 6 37 to Dec 23 37

I last saw him alive on Dec 23 1937 and that death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach ? — Date of onset ?

Other contributory causes of importance: Arteriosclerosis Hypertension 3 Yrs

Name of operation None Date of

What test confirmed diagnosis? Gastro Analysis

23. If death was due to external causes (violence) fill in the following: Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Samuel H. Graf M. D.

(Address) Balto City Hospitals

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

729 — 1-7729

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD St. 1-01 Ward)

th of residence in city or town where death occurred 116 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Bohaska

(a) Residence: No. 123 Rochester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	

married, widowed, or divorced HUSBAND of (or) WIFE of Single

TE OF BIRTH (month, day, year) March.16.1881

E Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore

NAME Joseph Bohaska

BIRTHPLACE (city or town) (State or country) Bohemia

MAIDEN NAME Antonette Stenberg

BIRTHPLACE (city or town) (State or country) Bohemia

FORMANT Antonette Stenberg

(Address) 123 Rochester St

EIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec. 26 1934

NDERTAKER Lilly & Zeiler Inc

(Address) 403 S. Wolfe St

LED 19 Registra

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22 1934

22. I HEREBY CERTIFY, That I attended deceased from December 18 1934 to Dec 22 1934

I last saw h alive on December 22 1934 Death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows: | Date of onset

1. Carcinoma of stomach
2. Metastases to liver and regional lymph nodes

Other contributory causes of importance:

1. Cachexia

Name of operation Gastrostomy Date of 12-22-34

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magennis M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

D. B. 1268-9

7730 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 07730

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4916 Odonnell St., 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Boyle

(a) Residence: No. 4916 Odonnell St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

If married, widowed, or divorced, HUSBAND of (or) WIFE of the late Mary Boyle

DATE OF BIRTH (month, day, year) March 17.1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	9	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

NAME Thomas J Boyle

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Mary Dolan

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Thomas Boyle (Brother)
(Address) 4916 Odonnell St

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Dec 27. 1934

UNDERTAKER Lilly & Zuiler Inc
(Address) 703 E. Lexington St.

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1933 to Dec 23 1934

I last saw h[illegible] alive on Dec 23 1934 Death is said to have occurred on the date stated above, at 11.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endo Myocarditis	Chronic

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

12/24/34 (Signed) M. B. Tetlow M. D.
(Address) 314 S. Highland Ave.

D. B. 1265-9

731

HEALTH DEPARTMENT—CITY OF BALTIMORE

07731

CERTIFICATE OF DEATH

✓ 131

PLACE OF DEATH Church Home and Infirmary

TY OF BALTIMORE: (No. ..... St. 6-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 51 yrs. 8 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs. Mary Vogel

(a) Residence: No. 2605 Llewelyn Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Mr. John Vogel.

ATE OF BIRTH (month, day, year) April 3, 1883

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife. 37

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 21 yrs.

IRTHPLACE (city or town) (State or country) Baltimore, Maryland.

. NAME Mr. James Jackson.

. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

. MAIDEN NAME Louisa Walmsley

. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FORMANT Mr. John Vogel (Husband)
(Address) 2605 Llewelyn Avenue

URIAL, CREMATION, OR REMOVAL
Place Baltimore Co. Date Dec 26 1934

NDERTAKER Geo M. Frisch & Son
(Address) 611 W Lexington St

LED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1934, to December 22, 1934.

I last saw her alive on December 22, 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Unknown
Cardiac Failure	
Nephritis	
	about 1 yr

Other contributory causes of importance:

~~Prostatitis~~	Unknown
Hypertension	Unknown about 1926
Myocardial insufficiency	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Jos. F. Sadlacek, M. D.

(Address) Church Home & Infirmary

7732

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 07732

CERTIFICATE OF DEATH

139-001

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 2924 E. Madison St., 7-01 Ward)

th of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mary E. Fink

(a) Residence: No. 2924 E. Madison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Jan 4-1862

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	11	19	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Germany

. NAME Henry Fink Sr.

. BIRTHPLACE (city or town) (State or country) Germany

. MAIDEN NAME Gath, Bondrager.

. BIRTHPLACE (city or town) (State or country) Germany

FORMANT Geo Fink

(Address) 2924 E Madison

URIAL, CREMATION, OR REMOVAL

Place Holy Redeem Date Dec 26 1934

NDERTAKER Geo M. Fink & Son

(Address) 811 N Wolfe St

LED 1934 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to December 23, 1934

I last saw h alive on Dec 22, 1934. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Pulmonary Oedema.	
Recurrence of Papillo-	
ctsts of Ovary	

Other contributory causes of importance:
Operation in 1918 - Papillo-cystoma ovary. Recurrence 1932 in abdomen - inguinal region.

Name of operation Oophorectomy Date of 1918

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) O. J. Roberts M. D.

(Address) 1117 St Paul St.

D. P. 1268-9

F 07733

385-2

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St. 21-01 Ward)

CITY OF BALTIMORE: (No.) How long in U. S. If of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred 38 yrs. mos. ds.

2. FULL NAME Frederick J. Griffith

(a) Residence: No. 1 Ida. Gate Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Mitchell

6. DATE OF BIRTH (month, day, year) 6/21/5-6

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tax Commissioner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Railroad

10. Date deceased last worked at this occupation (month and year) 6 13 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D. C.

13. NAME of Father James Griffith

14. BIRTHPLACE (city or town) (State or country) New England Boston Mass

15. MAIDEN NAME of Mother Isabella Murray

16. BIRTHPLACE (city or town) (State or country) New England

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date Dec 26. 1934

19. UNDERTAKER John O. Mitchell Sons

(Address) 1900 Eutaw Place

FILED ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1934 to Dec. 23 1934

I last saw him alive on Dec 23 1934. Death is said to have occurred on the date stated above, at 1 PM.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 12/19/34

Empyema — 12/19/34

Other contributory causes of importance:

Name of operation Thoracotomy. Date of 12/20/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Eichelberger M. D.

(Address) Johns Hopkins Hospital

O. B 1268-9

F 07734

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1734

164-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 504 W. Barre St. 27-01 Ward)

th of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

FULL NAME Benedict Kriscunas (Kriciunis)

(a) Residence: No. 504 W. Barre St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice Kriscunas

TE OF BIRTH (month, day, year) 1892

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 080

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Lithuania

NAME John Kriscunas

BIRTHPLACE (city or town) (State or country) Lithuania

MAIDEN NAME Alena Krausman

BIRTHPLACE (city or town) (State or country) Lithuania

FORMANT Charles Kriscunas

(Address) 208 S. Paca St.

RIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date Dec. 26 34

NDERTAKER Jos. Greblauckas

(Address) 423 S. Paca

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows

Date of onset

Poisoned by illuminating gas.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 12/22, 1934

Where did injury occur? 13 Alto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gas hose in mouth

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Angus Fellrs M. D.
Coroner

(Address) 2739 Eastern Ave.

8-16-29—L. P. S.—100 Blks.

F 07735

7735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

REGISTERED NO.

—PLACE OF DEATH

TY OF BALTIMORE: (No. 1301 Linden Ave ST. 11-9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME Charlotte Joynes Dennis

a) RESIDENCE NO. 1301 Linden Ave ST., WARD
(Usual place of abode)

(If non-resident give city or town and State)

th of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) Jan. 8-1852

Years	Months	Days	If LESS than 1 day, hrs. or min.
82	11	15	

UPATION OF DECEASED

Trade, profession or ticular kind of work At Home

General nature of industry, siness, or establishment in ch employed (or employer)

Name of employer

THPLACE (city or town) ate or country) Md.

NAME OF FATHER George R. Dennis

BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

MAIDEN NAME OF MOTHER Louisa A.S. Joynes

BIRTHPLACE OF MOTHER (city or town) Va
(State or country)

Informant James H Dennis

Address 1205 Hawthorne Rd.

1934 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23-1934

17 I HEREBY CERTIFY, That I attended deceased from Jan 1928, 19..., to Dec 23, 1934.

that I last saw her alive on Dec 10, 1934.

and that death occurred, on the date stated above, at 10 A m.

The CAUSE OF DEATH* was as follows:

Myocarditis.

Exhaustion (duration) 2 wks yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia Edema.

Exhaustion (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W A Moody M. D.

19 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Norfolk Va

DATE OF BURIAL Dec. 24 1934

20 UNDERTAKER Chas. E. Franck

ADDRESS 807 Madison Ave

F 07736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1727 E. Federal St., 8-01 Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph L. Rhein

(a) Residence: No. 1727 E. Federal St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed or divorced~~ HUSBAND of ~~or WIFE of~~ Sarah Rhein

DATE OF BIRTH (month, day, year) Aug 27th 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	3	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

Date deceased last worked at this occupation (month and year) 1925 — 11. Total time (years) spent in this occupation 25

BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER'S NAME John A. Rhein

FATHER'S BIRTHPLACE (city or town) (State or country) Germany

MOTHER'S MAIDEN NAME Wm. Weyandt

MOTHER'S BIRTHPLACE (city or town) (State or country) Phila Pa

INFORMANT Sarah Rhein
(Address) 1727 E. Federal St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec 26th 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED ... 1934 ... Registrar

23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23rd 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to Dec 22 1934

I last saw him alive on Dec 22 1934 Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Cor. Hypertrophy	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. W. Kourey M. D.

(Address) 1217 E. Broadway

B. 1268-9 F 07737

F 07737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No. 26-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 4404 Valley View Ave St. Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Helen T. Forney

(a) Residence: No. 4404 Valley View Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widow

married, widowed, or divorced
HUSBAND of (or) WIFE of Late George W. Forney

TE OF BIRTH (month, day, year) July 15, 1866.

E Years	Months	Days	If LESS than 1 day hrs. or min.
68	5	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Councilman

BIRTHPLACE (city or town) Maryland
(State or country)

MAIDEN NAME Perry

BIRTHPLACE (city or town) Maryland
(State or country)

FORMANT George Forney
(Address) 228 S. Fulton Ave.

RIAL, CREMATION, OR REMOVAL
Place Western Date Dec. 26, 34

NDERTAKER Harry A. Whitlow
(Address) 2101 Edmondson Ave.

LED Dec 26 1934 H. E. Whitlow Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934 to Dec 22, 1934

I last saw her alive on Dec 22, 1934 Death is said to have occurred on the date stated above, at 4:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/17/34

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. S. Hamburg M. D.

(Address) 4810 Belair Rd.

c.—9 30—A. & Co.—250 Bks

F 07738

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07738

CERTIFICATE OF DEATH.

✓ 11-002

1. PLACE OF DEATH 3231 Stafford St

CITY OF BALTIMORE: (No. 3231 Stafford St. ST. 20-1 WARD)

REGISTERED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Leo Fisher Sr.

(a) RESIDENCE NO. 3231 Stafford St ST. WARD X
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
M	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary R. Fisher

6 DATE OF BIRTH (month, day, and year) Oct. 16-1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	2	7	

7 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer do

(b) General nature of industry, business, or establishment in which employed (or employer) Brush factory

(c) Name of employer Pitts. Plate Glass Co

8 BIRTHPLACE (city or town) State or country) Pitts

9 NAME OF FATHER Henry Fisher

10 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

11 MAIDEN NAME OF MOTHER unknown

12 BIRTHPLACE OF MOTHER (city or town) (State or country) unknown

13 Informant (Address) Leo Fisher 3231 Stafford St

Filed 5 1934 Hunter Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23-34

17 I HEREBY CERTIFY, That I attended deceased from Dec 15 1934 to Dec 23 1934 that I last saw him alive on Dec 22 1934 and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Cardiac decompensation

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? Same

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical Exam

(Signed) F. F. Kyger M. D.

(Address) 3321 Freak Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cem. DATE OF BURIAL Dec 26 1934

20 UNDERTAKER Charles W. Dill ADDRESS 3109 Freak Ave.

D. F 07739 F 07739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3533 Falls Rd St., 13-91 Ward)

Length of residence in city or town where death occurred 70 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Rebecca Tipton

(a) Residence: No. 3533 Falls Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

If married, widowed, or divorced
~~HUSBAND OF~~ (or) WIFE of John Wesley Tipton.

6. DATE OF BIRTH (month, day, year) Aug 1840

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
94	94	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Ellicott City, Md
(State or country)

13. NAME Amos Jones

14. BIRTHPLACE (city or town) ?
(State or country)

15. MAIDEN NAME Mary .....

16. BIRTHPLACE (city or town) ?
(State or country)

17. INFORMANT George Tipton
(Address) 409 W 37th St

18. BURIAL, CREMATION, OR REMOVAL
Place Mary S. Rample Date Dec 26 34

19. UNDERTAKER H. E. Marshall
(Address) 3539 Falls Rd

20. Filed 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to Dec 24 1934

I last saw her alive on Dec 24 1934 Death is said to have occurred on the date stated above, at 10:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	yrs
Chronic nephritis	yrs
Uremia	10d.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wm N. McDaniel Jr M. D.

(Address) 1301 St. Paul St

F 07740

B 1936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. En route to City Hosp St., 01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Earl Bentz

(a) Residence: No. 221 N Port St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed, or divorced
USBAND of
er) WIFE of 2

TE OF BIRTH (month, day, year) May 2 1868

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	7	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Ralto Md

NAME Wm Bentz

BIRTHPLACE (city or town) (State or country) Ralto Md

MAIDEN NAME Carrie Young

BIRTHPLACE (city or town) (State or country) Potts Md

ORMANT Chas O'Hara
Address) 221 N Port St

RIAL, CREMATION, OR REMOVAL
ace St Paul's Date Dec 26. 1934

DERTAKER John E. Miller
Address) 2433 E. Monument St

ED ..... 19..... Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Labor Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Not Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J E Fetterolf M D Coroner M. D.

(Address) 1305 N Fulton Ave

F 07741

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07741

131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Penna. Ave. St., 15-81 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Charles Frank Farrell

(a) Residence: No. 2512 Penna. Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary H. Farrell

6. DATE OF BIRTH (month, day, year) Dec 23 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Broker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) Md. Balto

13. NAME OF FATHER Charles Farrell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Mary H. Farrell
(Address) 2512 Penna. Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 26 1934

19. UNDERTAKER Charles J. Schupp
(Address) 505 N. Monroe St.

DEC 23 1934 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1934, to Dec 24, 1934

I last saw h. alive on Dec 24 1934 death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia terminal	1934
Nephritis	
Other contributory causes of importance: Arteriosclerosis	1934
Cardiac	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

F 07742

Special 10-21-M&Z 1000 Blks.

F 07742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-002

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2200 Eutaw Place St. 43-01 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sarah Gordman

(a) RESIDENCE NO. 2200 Eutaw Place ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel

DATE OF BIRTH (month, day, and year): 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
(60)	60			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Home 037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Russia

10 NAME OF FATHER: Isaac Caplan

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Lach

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

Informant (Address): Husband.

25 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 24 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1934, to Dec 24, 1934, that I last saw h[illegible] alive on Dec 24, 1934, and that death occurred, on the date stated above, at 2.15 P. m.

The CAUSE OF DEATH* was as follows:

Cardio-Vascular disease

(duration) 10 yrs. ✓ mos ✓ ds.

CONTRIBUTORY (Secondary) ✓

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) WJ Love M. D.

12/24 1934 (Address) 2211 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Southern Ave Cemetary — DATE OF BURIAL: 12/25/34 19

20 UNDERTAKER: Levi Levi Inc — ADDRESS: 1439 E. Balto St.

D. B. 1268-97 F 07743

F 07743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2139 W Baltimore St., 1-01 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Edward J Stephens

(a) Residence: No. 2139 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Mae Stephens

DATE OF BIRTH (month, day, year) March 18 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	9	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telegraph Co

Date deceased last worked at this occupation (month and year) | Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

NAME OF FATHER Patrick Stephens

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME OF MOTHER Margaret Watkins

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Anna Mae Stephens
(Address) 2139 W Baltimore st

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 12/22 1934

UNDERTAKER Geo A Farley
(Address) Fulton & Fayette st

Dec 23 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1934 to Dec. 23 1934

I last saw h i alive on Dec. 19 1934 Death is said to have occurred on the date stated above, at 2 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12/23

Other contributory causes of importance: General dissolution of body.

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. S. Mayo M. D.

(Address) 516 Cathedral St.

F 07744

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

X

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) Sinai Hospital ST. 10-21 WARD)

2-FULL NAME Patrica Donte

(a) RESIDENCE NO 1127 Brentwood Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X | 4 COLOR OR RACE: male White | 5 Single, Married, Widowed, or Divorced (write the word): Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, and year) April 18/33

E	Years	Months	Days	If LESS than 1 day, hrs. or ..... min.
	1	8	5	

CUPATION OF DECEASED)
) Trade, profession or articular kind of work —
) General nature of industry, siness, or establishment in hich employed (or employer)
) Name of employer

THPLACE (city or town) Balto City
tate or country)

NAME OF FATHER Jos Donte

BIRTHPLACE OF FATHER (city or town) Balto
(State or country)

MAIDEN NAME OF MOTHER Lula Brown

BIRTHPLACE OF MOTHER (city or town) Balto City
(State or country)

rmant Lula Donte

Address) 1127 Brentwood Ave.

ed 25 1934 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 23 19 34

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) ..... yrs. ..... mos 4 ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? yes

What test confirmed diagnosis? clinical

(Signed) [signature], M. D. Coroner

12/24/34 (Address) 508 E. North Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Cross Cem

DATE OF BURIAL Dec 26 19 34

20 UNDERTAKER Geo M. Zink Son

ADDRESS 611 N Wolfe

F 07745 ✓ F 07745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 825 N Wolfe St. 7-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Conrad George Grimmel

(a) Residence: No. 825 No. Wolfe St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

married, widowed, or divorced
RUSBAND of (or) WIFE of Emma Grimmel

TE OF BIRTH (month, day, year) June 22 1875

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	11		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nail Maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clendeman & Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto City

NAME John Grimmel

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Mortimer

BIRTHPLACE (city or town) (State or country) Indiana

FORMANT Emma Grimmel
(Address) 825 N Wolfe

RIAL, CREMATION, OR REMOVAL

Place Balto. Cem Date Dec 27th 1934

DERTAKER Geo M. Dutterer Son
(Address) 841 N Wolfe

FD ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1934 to Dec 24 1934

I last saw him alive on Dec 23 1934 Death is said to have occurred on the date stated above, at 10:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinatosis -	6 wks.
Carcinoma of Prostate (Original focus)	?
Other contributory causes of importance:	
arteri-sclerosis -	6 yrs -

Name of operation — Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) Louis F. Krumm M. D.

(Address) 722 N. Linwood Ave

F 07746

D. B. 1263-9

F 07746

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 161-004

PLACE OF DEATH Bon Secours Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St. 20-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Baby Betty Frances Thurman

(a) Residence: No. Ellicott City, ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12-22-34

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
Under 1 day		5 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
Industry or business in which work was done, as silk mill, saw mill, bank, etc.
Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Ellicott City Maryland

10. NAME William E. Thurman

11. BIRTHPLACE (city or town) (State or country) Penna.

12. MAIDEN NAME Nellie A. Zeiber

13. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Next Record.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Ellis Cy Date Dec. 7 1934

UNDERTAKER Easton Lowe
(Address) Ellicott City

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12-22-34. 19 .. to 12-25-34 . 19 ..
I last saw her alive on 12-25-34 . 19 .. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhaging Neonatorum	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otis C. Wantland M. D.

(Address) Bon Secours Hospital

D. B. 1268-9

F 07747

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07747

CERTIFICATE OF DEATH

X 66-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 Poplar Grove St. 16-01 Ward)

Length of residence in city or town where death occurred — yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ida Elizabeth Hopkins

(a) Residence: No. Home de Grace, Md. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm J. Hopkins

DATE OF BIRTH (month, day, year) Dec 7 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	—	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) Dublin
(State or country) Harford Co. Md.

FATHER'S NAME Thomas Brayshaw

FATHER'S BIRTHPLACE (city or town) Dublin
(State or country) Harford Co. Md.

MOTHER'S MAIDEN NAME Margaret Hopkins

MOTHER'S BIRTHPLACE (city or town) Dublin
(State or country) Harford Co. Md.

INFORMANT Margaret Cooley
(Address) 1722 Poplar Grove St.

BURIAL, CREMATION, OR REMOVAL
Place Darlington Md. Date Dec 27

UNDERTAKER H. S. Bailey Jr. Mo
(Address) Darlington, Md.

Dec 26 1934 Filed Dec 24 1934 Recorded

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 3, 1934 to December 25, 1934

I last saw h alive on December 24, 1934 Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of right foot	12 Dec 34

Other contributory causes of importance:

Ulcer of right leg.	1932
Organic Heart Disease	Unknown
Exophthalmic Goitre	Unknown

Name of operation none Date of —

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chester Riland, M. D.

(Address) 2532 Edmondson Ave.

F 07748

F 07748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 N. Stricker St., 16-01 Ward)

Length of residence in city or town where death occurred yrs. 63 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hester Lee

(a) Residence: No. 1010 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced
Female	Col	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent at this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME Unknown

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME unknown.

BIRTHPLACE (city or town) (State or country)

INFORMANT Vernon B. Bates
(Address) 1010 N. Stricker

BURIAL, CREMATION, OR REMOVAL 34
Place Mt Auburn Date 12/27 19

UNDERTAKER Daniel Easton
(Address) 916 Penna ave

FILED 19 Registrar

26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th 19 34

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic Myocarditis	
Uremia	

Other contributory causes of importance:

Name of operation Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Blick M. D.
Coroner

(Address)

D. B. 1264 F 07749 F 07749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Hanover St.) 23-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma E. Esling

(a) Residence: No. 1419 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Esling ?

6. DATE OF BIRTH (month, day, year)

7. AGE: ? | Years: 78 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME OF FATHER: William Marshall

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME OF MOTHER: Sarah Lee

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: W. Frank Esling

(Address): 1419 Hanover St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: Dec 26 1934

19. UNDERTAKER: Margaret E. Flynn

(Address): 1411 Light St

20. DATE RECEIVED: DEC 26 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18th 1934 to Dec 23 1934

I last saw her alive on Dec 23 1934 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia (Postmortal). — Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — (If so, specify)

(Signed) John A. Lehmenick M. D.

(Address) 1337 S. Charles St.

D. B 1268-9 F 07750 ✓ F 07750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

PLACE OF DEATH

CITY OF BALTIMORE: (No. ~~5~~ S. St. Agnes Hospital 9-01 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mr Daniel Mc Dougall.

(a) Residence: No. 53 S Fulton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed or divorced
HUSBAND of (or) WIFE of Sophia Smith Mc[illegible]

DATE OF BIRTH (month, day, year) Oct 28 1893

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41	1	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ofg

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

NAME Daniel McDougall

BIRTHPLACE (city or town) (State or country) Balto., Md.

MAIDEN NAME Catherine Burns

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Sophia McDougall

(Address) 53 S. Fulton ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date Mch 26, 1934

UNDERTAKER Margaret J. Flynn

(Address) 580 S. Fulton ave.

MAR 26 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23-34. 19

22. I HEREBY CERTIFY, That I attended deceased from 12-15-. 19 34. to 12-23-. 19 34

I last saw h[illegible] alive on 12-23-34. 19 . Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12-2-34

Other contributory causes of importance:

Cardio Vascular failure

Name of operation none. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon L. Kemp. M. D.

(Address) St Agnes Hospital.

F 07751 ✓ F 07751

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-002

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2205 Orleans St., 6-01 Ward)

gth of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Louis Seibel

(a) Residence: No. 2205 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W. White	Married

If married, widowed, or divorced HUSBAND of Carrie Seibel

ATE OF BIRTH (month, day, year) Feb. 18 - 1873

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	10	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Health District

Date deceased last worked at this occupation (month and year) 12/14/34

11. Total time (years) spent in this occupation 3

IRTHPLACE (city or town) (State or country) Ind.

. NAME Henry Seibel

. BIRTHPLACE (city or town) (State or country) Ind.

. MAIDEN NAME

. BIRTHPLACE (city or town) (State or country) Ind.

FORMANT Carrie Seibel
(Address) 2205 Orleans St.

'RIAL, CREMATION, OR REMOVAL
Place Louden Park Date Dec 26, 1934

NDERTAKER John J. Nugan
(Address) 3000 E. Baltimore St.

26 1934 ... Filed ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/23/ , 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19/34. 19..., to Dec. 23/34 ... 19...

I last saw him alive on Dec. 23/34 19... Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary oedema. One day.	
Other contributory causes of importance: Emboli of cerebral arteries. 5 days.	

Name of operation None. Date of ...

What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

NONE.

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify ...

(Signed) B. C. Keller M. D.

(Address) 100 N. Linwood Ave

F 07752 ✓ F 07752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals (To.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., 76-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME James Curran Carey

(a) Residence: No. No home. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

f married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

ATE OF BIRTH (month, day, year) Dec. 6, 1894

E Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
40		17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster 045

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

8. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

IRTHPLACE (city or town) Baltimore
(State or country) Maryland

. NAME James Carey

. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

. MAIDEN NAME Catherine L. Owens

. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FORMANT Hospital Records
(Address)

URIAL, CREMATION, OR REMOVAL
Place St Peters Date 12/27/ 1934

NDERTAKER J. A. Morgan
(Address) 3000 E Balto St

LED 19 Registrar.

6 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23 1934

22. I HEREBY CERTIFY, That I attended deceased from June 15 1934 to December 23 1934

I last saw him alive on December 23 1934 Death is said to have occurred on the date stated above, at 9:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospitals

F 07753

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07753

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822 Moreland Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William J. Harker,

(a) Residence: No. 1822 Moreland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaretha Harker.

DATE OF BIRTH (month, day, year) April 11. 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	8	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Harker Tile Co.
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 043
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore Md.
10. NAME John Harker,
11. BIRTHPLACE (city or town) (State or country) Not Known
12. MAIDEN NAME Rebecca Gladstone,
13. BIRTHPLACE (city or town) (State or country) Baltimore Md.
14. INFORMANT Mrs Wm J. Harker
(Address) 1822 Moreland Ave.
15. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date DEC 26 1934
16. UNDERTAKER Geo W Settle
(Address) 2700 Edmondson Ave.
17. FILED DEC 26 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 22 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 . 1934 to Dec 22 . 1934.
I last saw him alive on Dec 22 1934 Death is said to have occurred on the date stated above, at 11 55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - Sclerosis	?
Myocarditis	?
Chronic Nephritis	?
Other contributory causes of importance:	
Cardiac Decompensation	3 wks

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. P. Wiegand M. D.
(Address) 4000 Edmondson Ave

F 07754

F 07754

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME ~~Henry L. Ballard~~ Henry L. Ballard

(a) Residence: No. 2006 E. Preston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of (or HUSBAND of) Lula Ballard

DATE OF BIRTH (month, day, year) April 12, 1887

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	7 - 8	10	

6. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Waiter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. O.P.D.

Date deceased last worked at this occupation (month and year) November, 1934

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Leslie J. Ballard

BIRTHPLACE (city or town) (State or country) Louisianna

MAIDEN NAME Mary E. Elliott

BIRTHPLACE (city or town) (State or country) Cambridge Md

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 12/26, 1934

UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St.

FILED 12-27-34 [illegible] Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from November 29, 1934, to 12-25, 1934.

I last saw him alive on 12-25, 1934. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Coronary Thrombosis	26 days
Other contributory causes of importance:	
Pulmonary Edema	½ hour

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) Mercy Hospital

8-16-29—L. P. F 07755 F 07755

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

REGISTERED NO.

1—PLACE OF DEATH 2001 Park Ave.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. The Taylor Home ST., 13-01 WARD)

2—FULL NAME Sarah Doddrell Coale

3a) RESIDENCE NO. The Taylor Home 2001 Park Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

3b) Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

6 If married, widowed, or divorced WIFE of (or) HUSBAND of: —

7 DATE OF BIRTH (month, day, and year): Jan. 20/1843

8 Years	Months	Days	If LESS than 1 day, hrs. or min.
91	11	4	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home do

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

10 BIRTHPLACE (city or town) (State or country): Md

11 NAME OF FATHER: John Coale

12 BIRTHPLACE OF FATHER (city or town) (State or country): Md

13 MAIDEN NAME OF MOTHER: Cassandra Corse

14 BIRTHPLACE OF MOTHER (city or town) (State or country): Md

15 Informant: Miss Greene

Address: The Taylor

Filed 1934 Number [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec., 24, 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec., 1, 1934, to Dec. 24, 1934, that I last saw her alive on Dec., 24, 1934, and that death occurred, on the date stated above, at 1:15 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial degeneration

Arteriosclerosis,

Senility 3

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Bronchopneumonia

(duration) several days.

18 Where was disease contracted if not at place of death? The Taylor Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? No special test

(Signed) Zach. H. Morgan, M. D.

12/24, 1934 (Address) 6-E-Read St. Balto. Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Darlington Harford Co Md

DATE OF BURIAL: Dec 26 1934

20 UNDERTAKER: Chas. E Franck

ADDRESS: 802 Madison Ave

B 1268-9 F 07756

F 07756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospital St., 16-01 Ward)

h of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME John Robert Jackson

(a) Residence: No. 2004 N Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of

TE OF BIRTH (month, day, year) Oct 30 1929

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
5	1	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto Md
State or country)

NAME John R Jackson

BIRTHPLACE (city or town) Balto Md
(State or country)

MAIDEN NAME Ella Biggs

BIRTHPLACE (city or town) Milltown Ill
(State or country)

FORMANT Ella Jackson
Address) 2004 W. Lafayette ave

RIAL, CREMATION OR REMOVAL

Place Mt Olivet Date 12/27 1934

DERTAKER Harry L. Colley
Address) 1200 W Lombard

FD ....., 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 , 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Peritonitis	

Other contributory causes of importance:

Ruptured appendix	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J E Kerrigan M. D.

(Address) 305 N Fulton Ave M. D.
Coroner

F 07757 ✓ F 07757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Maisel St. 26-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Hubert G. Ridgeway

(a) Residence: No. 2220 Maisel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/10/34

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
2 days		15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME OF FATHER Hubert Ridgeway

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME OF MOTHER Mary B. Brown

BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs. Ridgeway

(Address) 2220 Maisel

BURIAL, CREMATION, OR REMOVAL

(Place) Bloom Date 12/26, 1934

UNDERTAKER Edward Fookson

(Address) 2329 Washington Blvd

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/34

22. I HEREBY CERTIFY, That I attended deceased from 12/10/34 to 12/25/34, 19... I last saw h alive on 12/24/34 Death is said to have occurred on the date stated above, at 1 ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	12 hrs

Other contributory causes of importance:

Prematurity	Birth

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Elwood Davis M. D.

(Address) 4527 Maisel

F 07758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07758

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Boy Lawrence

(a) Residence: No. 6314 Frederick Ave St. Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12/19/34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Mrs. - Lawrence.

BIRTHPLACE (city or town) (State or country) Eyetteville, Ark. mother

MAIDEN NAME Mrs. Evelyn Lawrence.

BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Jack Lawrence

Address 6314 Frederick Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/26 1934

UNDERTAKER Edward Faulkner

Address 2309 Eutaw Blvd

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/19 1934 to 12/25 1934

I last saw him alive on 12/25 1934 Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity (6½ months)

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

D. B. 1207 F 07759

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07759

46

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 3-01 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

FULL NAME Elias ~~Cohen~~ Socolow

(a) Residence: No. 1501 E. Pratt St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE (or) HUSBAND of Fanni

DATE OF BIRTH (month, day, year) 1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Harry

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Manochus

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Wife

(Address)

BURIAL, CREMATION, OR REMOVAL Date 12/28/34

Shomrei Mt Carmel

UNDERTAKER Just Funeral Home Inc

(Address) 1439 E. Baltimore St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10. 1934 to Dec 25 1934

I last saw him alive on Dec 25, 1934 Death is said to have occurred on the date stated above, at 3:45 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic ca of liver	
Arteriosclerosis	
	Cont.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul A. Grear M. D.

(Address) Sinai Hospital

F 07760

Dr. Wallace ✓ 2839 Walbrook Ave

F 07760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 2811 Heyworth Ave St. 15-01 Ward)

th of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth 34 yrs. mos. ds.

FULL NAME Louis Hoffman

(a) Residence: No. 2811 Heyworth Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced)
HUSBAND of
or) WIFE of Rosa

TE OF BIRTH (month, day, year) 1877

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

RTHPLACE (city or town) State or country) Poland

NAME Not known

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Not known

BIRTHPLACE (city or town) (State or country) Poland.

FORMANT Wife

Address)

IAL, CREMATION, OR REMOVAL Date 12/27/34 19

Lebanon Mt. Carmel

DERTAKER Carl Lewis & Son

Address) 1434 E. Baltimore St

ED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/20/34 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1934 to Dec. 25, 1934

I last saw him alive on Dec. 25, 1934. Death is said to have occurred on the date stated above, at 12 MIDNIGHT m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	Dec. 24. 1934
Other contributory causes of importance: Hypertensive heart disease	Feb-1934

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. Vendig Wallace M. D.

(Address) 2839 Walbrook Ave

F 07761 Greenley ✓ F 07761

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE MD. St., 9-01 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Greenley

(a) Residence: No. 1204 E. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	white	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Isaac B Greenly

DATE OF BIRTH (month, day, year) Nov 16 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	1	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

NAME John B Kroner

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Amelia Schaar

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Katherine S. Diggs

Address) 2101 Edmondson Ave

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Dec 27 1934

UNDERTAKER John Ellicott

Address) 2005 Eutaw St

FILED 19 [illegible]

1934 City

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 18, 1934 to December 25, 1934

I last saw her alive on December 25, 1934 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	?
2. Arteriosclerosis	?
3. Chronic myocarditis	?
4. Chronic pyelonitis	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Mageuller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

B. P. 1268-9

07762 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 07762

CERTIFICATE OF DEATH

93-003
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3905 Forest Park Av. Ward 15-01)

Length of residence in city or town where death occurred 55 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? 55 yrs. 3 mos. 16 ds.

FULL NAME Everett Palmo Dowell

(a) Residence: No. 3905 Forest Park Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Dowell

DATE OF BIRTH (month, day, year) Sept 18 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Bros

Date deceased last worked at this occupation (month and year) Dec 22 1934

11. Total time (years) spent in this occupation 36 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Everett P Dowell

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME Zelma Jones

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs Mary L Dowell (wife)

(Address) 3905 Forest Park Av

BURIAL, CREMATION, OR REMOVAL.

Place Londontown Date Dec 6 '34

UNDERTAKER Howard Mortuary

Address 1924 W North Ave

FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1934 to Dec 24 1934

I last saw him alive on Dec 24 1934 Death is said to have occurred on the date stated above, at 9 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Degenerative	
Acute decompensation	12/23/34
Passive congestion Lungs	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J Wesley Cole M. D.

(Address) 7707 Bonnie View Blvd

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7763 — F 07763 — 93-004 — Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 1600 E. Lanvale St. 8-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

h of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

ULL NAME Elizabeth Rost

(a) Residence: No. 1600 E. Lanvale St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed, or divorced
USBAND of George
) WIFE of

E OF BIRTH (month, day, year) Aug 13/1845

Years	Months	Days	If LESS than 1 day, hrs. or min.
89	4	13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) (State or country) Baltimore, Md.

NAME John Zirkler

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country)

DRMANT Millie McCloud

ddress) 1600 E. Lanvale St

IAL, CREMATION, OR REMOVAL

ave Oakdawn Date 12/22/34

DERTAKER George W. Zirkler

ddress) 1754 E. Eager St

ED 12/23 1934 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 21/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... A. M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Genl Arteriosclerosis (Senility)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) ... (Coroner)

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

764 — 17764 — 107-001

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. City Hospital St., 76-81 Ward)

th of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Harry J. Stevens

(a) Residence: No. 1921 Fait Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

married, widowed, or divorced
USHAND of Elizabeth Stevens
or) WIFE of

E OF BIRTH (month, day, year) Jan. 30 1903

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
31	10	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinest

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Canton R. R.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) State or country) Virginia.

NAME Will Stevens

BIRTHPLACE (city or town) (State or country) Virginia.

MAIDEN NAME Lucy Williams

BIRTHPLACE (city or town) (State or country) Virginia.

ORMANT Elizabeth Stevens

ddress) 1921 Fait ave.

IAL, CREMATION, OR REMOVAL Date 12/28/34

ce Oakland -

ERTAKER George H. Zickler

ddress) 1707 E Eager St

6 1934 Filed for record

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19.... I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at 3.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, what? ...

(Signed) P. H. Herzog M. D.

(Address) 1305 N Patterson Park Coroner

8-16-29—L. F. S.—100 Blks.

265

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07765

82-001

CERTIFICATE OF DEATH

REGISTERED NO.

—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 203 N. Mount ST. 14-01 WARD)

—FULL NAME Harry Barksdale

a) RESIDENCE NO. 203 N. Mount ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
rdale	Col.	Married

married, widowed, or divorced
HUSBAND of
(or) ~~WIFE of~~ Irene Barksdale

TE OF BIRTH (month, day, and year) April 9, 1896

Years	Months	Days	If LESS than 1 day, hrs. or min.
8	8	13	

UPATION OF DECEASED

Trade, profession or ticular kind of work Laborer odo

General nature of industry, iness, or establishment in ch employed (or employer) —

Name of employer —

THPLACE (city or town) Roanoke Va
te or country)

NAME OF FATHER Mark Barksdale

BIRTHPLACE OF FATHER (city or town) Roanoke Va
(State or country)

MAIDEN NAME OF MOTHER Phoebe?

BIRTHPLACE OF MOTHER (city or town) Roanoke
(State or country)

Informant Irene Barksdale

(Address) 203 N. Mount St

DEC 26 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 22, 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934, to Dec 22, 1934, that I last saw him alive on Dec 22, 1934 and that death occurred, on the date stated above, at 11:00 A.m.

The CAUSE OF DEATH* was as follows:

apoplexy

(duration) yrs. mos. 9 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) J Douglas Sheppard M. D.

12/26 1934 (Address) 1063 Myrtle ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Lebanon Cemetery

DATE OF BURIAL Dec 26, 1934

ADDRESS 322 N Schroeder St

20 UNDERTAKER Mrs Katie R. Williams

B. 1205 F 07766 ✓ F 07766

HEALTH DEPARTMENT—CITY OF BALTIMORE

108

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH — ST. JOSEPH'S HOSPITAL

Y OF BALTIMORE: (No. BALTIMORE, MD. St., 2-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Girl Cegieski

(a) Residence: No. 234 S Chester St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced HUSBAND of or) WIFE of —

TE OF BIRTH (month, day, year) Nov. 18, 1937

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	38.7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

RTHPLACE (city or town) (State or country) Balto

NAME Adam Cegielski

BIRTHPLACE (City or town) (State or country) Md

MAIDEN Stela Kaminiecka

BIRTHPLACE (city or town) (State or country) Balto.

FORM Adam Cegielski

Address) 2348 Chester St

RIAL, CREMATION, OR REMOVAL

Holy Rosary Date Dec 26 '37

DERTAKER H. W. Rogowski

Address) 1934 Eastern Ave.

Registrar.

AD 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1937 to Dec. 25, 1937

I last saw her alive on Dec. 25, 1937. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6 months
Lobar Pneumonia	24 Hours

Other contributory causes of importance: None

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) M. Rosenheller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. P. F-07767

F 07767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

145-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 19-01 Ward)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alice Ramey

(a) Residence: No. 931 N. Stricker St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	B	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Tindell Ramey

DATE OF BIRTH (month, day, year) 6-15-1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	6	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lancaster Co. Va.

NAME OF FATHER Wm B. Henson

BIRTHPLACE (city or town) (State or country) Va.

MAIDEN NAME OF MOTHER Fannie Smith

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Tindell Ramey

(Address) 931 N. Stricker St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 12/26 1934

UNDERTAKER Chas. E. Cooper

(Address) 314 N. Eutaw St.

12/26 1934 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934 to Dec. 23, 1934

I last saw her alive on Dec. 23 1934 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

Puerperal Sepsis (Cause) | Date of onset

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Goldstone M. D.

(Address) University Hosp.

F 07768

F 07768

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4801 Richard Ave., St. 27-01 Ward)

(If not in city or town where death occurred, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary C. Winters

(a) Residence: No. 4801 Richard Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick C. Winters

DATE OF BIRTH (month, day, year) Sept. 17, 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	3	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore,
(State or country) Md.

NAME Not Known

BIRTHPLACE (city or town) Not Known
(State or country)

MAIDEN NAME Not Known

BIRTHPLACE (city or town) Not Known
(State or country)

INFORMANT Mrs. Maud E. Zeidler
(Address) 4801 Richard Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Prk. Date Dec. 26, 1934

UNDERTAKER John F. Henry
(Address) 715 Light St.

Dec 26 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1934 to Dec 24 1934

I last saw h[illegible] alive on Dec 23 1934. Death is said to have occurred on the date stated above, at 3.30 a. m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Hypostatic Pneumonia	12-18-34
Other contributory causes of importance: Chronic myocarditis	1930

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) L. L. Goudy M. D.
(Address) Holford Rd & Cleveland Ave

F 07769

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07769

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 310 W. Lanvale St. 15-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth A. Bruck

(a) Residence: No. 3310 Elgin Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry M. Bruck

DATE OF BIRTH (month, day, year) Jan. 15, 1841

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	11	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Carroll Co., Md.
(State or country)

NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mr. Harry A. Bruck
(Address) 3310 Elgin Ave.,

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Dec. 26, 1934

UNDERTAKER John F Denny
(Address) 715 E. Pratt St.

FILED Dec 28 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1934 to Dec 24 1934

I last saw her alive on Dec 23 1934 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Chronic Interstitial Nephritis	1928
Other contributory causes of importance: Uraemia.	3 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Hilbert J. Friedman M. D.

(Address) 6 East Biddle St

F 07770

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07770

CERTIFICATE OF DEATH

✓ 186-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) City Hospital St., 8-01 Ward)

Length of residence in city or town where death occurred 78 yrs. 9 mos. 22 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Margaret Baer

(a) Residence: No. 2308 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of George Baer

DATE OF BIRTH (month, day, year) Mar. 3rd, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unk

Date deceased last worked at this occupation (month and year) 32 | 11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Clement Herman

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Clement Baer
(Address) 2308 E. Lafayette Ave

BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec. 28, 1934

UNDERTAKER Wm. J. Tickner & Sons
(Address)

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1100 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	
Other contributory causes of importance:	
accidental Fracture of Femur	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury , 1934

Where did injury occur? 2308 E Lafayette Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell downstairs

Nature of injury Fract of L Femur

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) [illegible]

D. B. 1268-9

F 07771

F 07771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 34

PLACE OF DEATH

Registered No. 5-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

gth of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lewis Carstens

(a) Residence: No. 109 N. Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

married, widowed, or divorced HUSBAND of (or) WIFE of Matilda (dead)

TE OF BIRTH (month, day, year) June 26, 1863

E Years	Months	Days	If LESS than 1 day, hrs. or min.
70 yrs	5	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

RTHPLACE (city or town) (State or country) Denmark

NAME Henry

BIRTHPLACE (city or town) (State or country) Denmark

MAIDEN NAME Mary Nielsen

BIRTHPLACE (city or town) (State or country) Denmark

FORMANT Records
(Address) East City Hosp.

RIAL, CREMATION, OR REMOVAL Place Mt Pleasant Date Dec 27 1937

DERTAKER John C. Miller
(Address) 2435 E. Oliver St

ED 1934 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21 . 1937

22. I HEREBY CERTIFY, That I attended deceased from March 8 . 1937 to Dec 21 . 1937

I last saw h alive on Dec 21 . 1937 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	(yr?)
Myocardial Degeneration	9 hrs?
Congestive failure	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I D Magee M. D.

(Address) Balto City Hosp

F 07772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital (Ward) 18-01

Length of residence in city or town where death occurred 2 yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... ds.

FULL NAME Rufus Parker

(a) Residence: No. 203 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 050

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mass. U.S.A.

NAME Rufus Parker Sr

BIRTHPLACE (city or town) (State or country) Moss

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) ???

INFORMANT John Forsell
(Address) 1914 E. Pratt St.

BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date 12/26/34 19

UNDERTAKER John E. Miller
(Address) 2455 E. Oliver St.

RECD 1934 19 Dec. 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemorrhage	Dec. 24 '34

Other contributory causes of importance:

Probably Pulmonary Tuberculosis	Dec. 24 '34

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph L. Valentine M.D.
Coroner

(Address)

F 07773

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07773

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. Franklin Square Hospital Ward)

h of residence in city or town where death occurred ....yrs.... mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

Life

20-64

FULL NAME ALBERT E. KUHL

(a) Residence: No. 1915 Christian St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	White	Single

married, widowed, or divorced
USHAND of
r) WIFE of - - -

E OF BIRTH (month, day, year) Aug. 23. 1882

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
52	4	1	

Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Commission Merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 45

THPLACE (city or town) Baltimore
State or country)

NAME Gottlieb Kuhl

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Elizabeth Shilling

BIRTHPLACE (city or town) Baltimore
(State or country)

ORMANT Mr. John Kuhl
Address) 1915 Christian St.

RIAL, CREMATION, OR REMOVAL
John's Luth Cem. Dec. 27 34

Y SANDER & SONS, INC.
DERTAKER
Address) Baltimore & Broadway.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24. 1934. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No ..... If so, specify .....

(Signed) Joseph L. Volk M. D.
Coroner.

(Address) 16 South Broadway

F 07774

D. B [illegible] 07774

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 910 W. Mulberry St., 18-01 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME May C. Butler

(a) Residence: No. 910 W. Mulberry St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Thomas H. Butler

DATE OF BIRTH (month, day, year) Nov 2 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	2	20	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va

NAME Hiram Yates

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Caroline Washington

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs Thomas Butler

(Address) 910 W. Mulberry St.

BURIAL, CREMATION, OR REMOVAL

Place West Liberty, Md. Date Dec 6, 1934

UNDERTAKER Mrs. Kate R. Williams

(Address) 322 E. Saratoga St.

[illegible] 1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Zeller, M. D.
Coroner

(Address) 1939 Eastern Ave

F 07775

D. B. 12[illegible]

F 07775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 N. Poppleton St. 18-01 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Carrie Jones

(a) Residence: No. 228 N. Poppleton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 20 - 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45		3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Md

NAME OF FATHER Jesse Jones

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME OF MOTHER Annie Adams

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Clara M. Tobb

(Address) 228 N. Poppleton

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Dec. 27, 1934

UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Lombard St.

FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Grier Feller M. D.
Coroner

(Address) 2739 Eastern Ave.

H. D. B. 1265-9

F 07776

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07776

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2827 Raynor Ave St., 16-01 Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry D. Housman Jr

(a) Residence: No. 2827 Raynor Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Elsie L. Housman

DATE OF BIRTH (month, day, year) Oct 26/1884

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secret Service

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt 086

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry D. Housman Sr

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Annie Purser

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Elsie L. Housman

(Address) 2827 Raynor Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London PK Date 12/27/34

19. UNDERTAKER Philip Henry Sons

(Address) 206 Orleans St

FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1934, to Dec 24th, 1934

I last saw him alive on Dec 24, 1934. Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Endocarditis	
Other contributory causes of importance: Chronic nephritis	1 yr

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Wilbur M Deaver, M. D.

(Address) St Paul & Preston Sts

East Ct of the Balto Med

D. B. 1268 F 07777 F 07777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 5111 Benton Hgts St. 27-21 Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Cooper Collison

(a) Residence: No. 5111 Benton Hgts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethel Collison

6. DATE OF BIRTH (month, day, year) July 28, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government

10. Date deceased last worked at this occupation (month and year) Oct 1934 11. Total time (years) spent in this occupation 17 yr.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME OF FATHER Edward Collison

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME OF MOTHER Henrietta Warfield

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Mrs. C. Collison
(Address) 5111 Benton Hgts.

18. BURIAL, CREMATION, OR REMOVAL
Place London, KY Date 12/28/1934

19. UNDERTAKER Philips Herring Sons
(Address) 2014 Pennsylvania Ave.

20. FILED Dec 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from October 17 1934 to December 25 1934

I last saw h[illegible] alive on December 25 1934 Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Head of Pancreas)	Nov 1934
Multiple Carcinomatosis	
Other contributory causes of importance:	
Myocarditis	Nov 20

Name of operation none Date of operation

What test confirmed diagnosis? Gastric analysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lachman, M. D.

(Address) 4984 Belair Rd.

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

778 778 122-002

Registered No.

PLACE OF DEATH

1. OF BALTIMORE: (No. Sinai Hospital St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

3. FULL NAME Margaret Wagner

4. (a) Residence: No. 2518 Fait Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Married

6. If married, widowed, or divorced (a) HUSBAND of (b) WIFE of Louis

7. DATE OF BIRTH (month, day, year) March 15/1885

Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
49	8 9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 7

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Andrew Gumer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Rosemiller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Louis Wagner

(Address) 2518 Fait Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sarger Hats Dec 27 1934

19. UNDERTAKER Tilly & Zeller Inc.

(Address) 703 S Broadway.

20. Filed Dec 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23/34 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance:

Intestinal Obstruction (Probably Post operative Adhesions)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Wales Coroner, M. D.

(Address) 500 Fremont Ave.

B 1268-9

F 07229 G. F 07779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-001

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Franklin Square Hospital St., 13 Ward)

th of residence in city or town where death occurred yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Arthur C. Melvin

(a) Residence: No. 1324 W. North ave St., Ward. Boston Mass

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	married

married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Melvin

TE OF BIRTH (month, day, year) Aug. 17, 1887

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
bout	47	4	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Boston, Mass.

NAME Frank E. Melvin

BIRTHPLACE (city or town) (State or country) Boston, Mass.

MAIDEN NAME Ellen Campbell

BIRTHPLACE (city or town) (State or country) Boston, Mass.

FORMANT (Address) Hazel Melvin 1324 W. North ave

RIAL, CREMATION, OR REMOVAL

Place National Cem Date 12-27th 1934

NDERTAKER (Address) Robert Brooks & Son Calhoun & Dolline sts

26 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19 to 19

I last saw h alive on Dec. 19 Death is said to have occurred on the date stated above, at 9:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	12/19/34
Traumatic Pneumonia (Bronchial)	12/22/34

Other contributory causes of importance:

Automobile Accident	

Name of operation none Date of

What test confirmed diagnosis none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12/19, 1934

Where did injury occur? North Ave nr. Druid Hill.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street, Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? not If so, specify

(Signed) Joseph P Feeney Coroner M. D.

(Address) 2205 E Madison St

F 07780 F 07780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 S. Kenwood St., 1-01 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Rose Typpak

(a) Residence: No. 614 S. Kenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White (Austria)	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 18, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Office

Date deceased last worked at this occupation (month and year) Aug 1934

11. Total time (years) spent in this occupation 1340

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME OF FATHER Makary Typpak

BIRTHPLACE (city or town) (State or country) Austria

MAIDEN NAME OF MOTHER Anna Kaczmarcik

BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Anna Typpak mother

(Address) 614 S. Kenwood

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Cem. Date Dec 28th 1934

UNDERTAKER George A Weber

(Address) 705 S. Ann street

FILED DEC 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20 1934 to Dec 24 1934

I last saw her alive on Dec 12 1934. Death is said to have occurred on the date stated above, at 9:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	Aug 1932
Other contributory causes of importance: Tuberculosis of Intestines	unknown

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. E. Swindler M. D.

(Address) Lafayette Apts.

F 07781 copy

P. 1268-9

7781 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 4202 Ray Mansion Ward)

th of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary C. O'Brien

(a) Residence: No. 4202 Ray Mansion St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	W	Single

married, widowed, or divorced
HUSBAND of
or) WIFE of

TE OF BIRTH (month, day, year) Dec 21 - 1862

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72		3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Richmond Va.
State or country)

NAME Patrick O'Brien

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Mary Foley

BIRTHPLACE (city or town) (State or country) Ireland

TORMANT Catherine V. Stewart

Address) 4202 Ray Mansion

RIAL, CREMATION, OR REMOVAL

Cathedral Date 12/27/34

DERTAKER Leonard Brook

Address) 2202 Harford Rd

Filed ... Examined ... Recorded ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24/34

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1934. to Dec. 25-34 1934

I last saw her alive on Dec 23 1934 Death is said ve occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Cor - Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Harvey M. D.

(Address) 1814 Broadway

934

—2-29-28—L. F. S.—500 Bks.

7782

F 07782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

—PLACE OF DEATH

Y OF BALTIMORE: (No. 3103 WHITE AVE. WARD) 27-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—FULL NAME MARY ELIZABETH GOFFRONN.

a) RESIDENCE NO. 3103 WHITE AVE ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
W.	WIDOWED

FM.

married, widowed, or divorced BUSBAND of (or) WIFE of WILLIAM GOFFRON

E OF BIRTH (month, day, and year) OCT 7 1845

Years	Months	Days	If LESS than 1 day, hrs. or min.
89	3	18	

UPATION OF DECEASED

Trade, profession or icular kind of work at Home

General nature of indastry, ness, or establishment in h employed (or employer)

Name of employer

TBPLACE (city or town) BRUNSWICK

te or country) GERMANY.

NAME OF FATHER HENRY SCHULTZE

BIRTHPLACE OF FATHER (city or town) BRUNSWICK

(State or country) GERMANY

MAIDEN NAME OF MOTHER WILHELMINA KRAMER

BIRTHPLACE OF MOTHER (city or town) BRUNSWICK

(State or country) GERMANY.

nformant Mrs. Ted Leinbach

Address) 3103 White Ave

Buried ..... 19 ..... Undertaker ..... Registrar

1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) DEC 25 1934.

17 I HEREBY CERTIFY, That I attended deceased from NOV 28, 1934, to DEC 24, 1934.

that I last saw HER alive on DEC 24, 1934

and that death occurred, an the date stated above, at ..... m.

The CAUSE OF DEATH* was as follows:

CHRONIC INTERSTITIAL NEPHRITIS

(duration) 20 yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) John C. Greenwood M. D.

, 19 (Address) 3524 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	12/27/34
20 UNDERTAKER Leonard Mark	ADDRESS 530 Harford Rd.

F 07783

...or.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

07783

CERTIFICATE OF DEATH

178-001

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

X

1-PLACE OF DEATH

...ity of Baltimore: (No. 2112 N Charles St., 12-01 Ward)

2-FULL NAME William E. Lutzman

(a) RESIDENCE NO. 2112 N Charles St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year)

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
About	35	-		

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Insurance agent
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town) Baltimore
(State or country)

10 NAME OF FATHER John Lutzman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Baltimore

12 MAIDEN NAME OF MOTHER Mary Mullaney

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Baltimore

Informant Mrs. Lutzman
(Address) 3 N. Regennet

Filed ... 19... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to ... death on the day stated above.

The CAUSE OF DEATH was as follows:

Gas Poison accidental (Cor.)

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) John Thompson M. D.

12/5 19 34 (Address) John Thompson

(Here state the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL New Cathedral — DATE OF BURIAL 12/27 1934

20 UNDERTAKER J. Baker Sons — ADDRESS 318 Light

D. B. 1268-9

F 07784

HEALTH DEPARTMENT—CITY OF BALTIMORE

7784

CERTIFICATE OF DEATH

93-003

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1612 Guilford Ave St. 12-01 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Miss Mary Ann Reid

(a) Residence: No. 1612 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

859

ATE OF BIRTH (month, day, year)

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Ireland
(State or country)

. NAME Same as Head

. BIRTHPLACE (city or town) Ireland
(State or country)

. MAIDEN NAME Unknown

. BIRTHPLACE (city or town) Ireland
(State or country)

FORMANT Mrs. Ann Cleary
(Address) 1612 Guilford

RIAL, CREMATION, OR REMOVAL

Place Loudon Date 2-28-34 19

NDERTAKER J. B. Tyler & Son
(Address) 1 E. Biddle St

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1934 to Dec 25 1934

I last saw her alive on Dec 25 1934 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/24/34
Chr Myocarditis	?
Other contributory causes of importance: Arteritis, Chronic of Spine	?

Name of operation — Date of —

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William R. Graghty M. D.

(Address) 10 E. Biddle St

B 1218-9

F 07785

785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V x 95-002

PLACE OF DEATH Union Mem. Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registered No.

Y OF BALTIMORE: (No. St., 12-01 Ward)

th of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mr John Vincent Brink

(a) Residence: No. 214 Washington ave. St., Ward. Towson, md. (If non-resident give city or town and State)

(Usual place of abode)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Mary D Brink

TE OF BIRTH (month, day, year)

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
11.	65			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lumber

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Oil

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Baltimore

NAME Peter Brink

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Agnes Williams

BIRTHPLACE (city or town) (State or country) Ireland

ORMANT Mary D Brink

Address) Towson

RIAL, CREMATION, OR REMOVAL

Place N. P. Cathedral Date 12 27 34 19

DERTAKER & J. Schuerman

Address) 3 B. Lexington

EN. 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-4 1934 to 12-24 1934

I last saw him alive on 12-24 1934 Death is said to have occurred on the date stated above, at 9 45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	?

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H Conley Jr. M. D.

(Address) Union Memorial Hosp.

F 07786

H. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

786 ✓ 46

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 14-61 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Bernard Curtis

(a) Residence: No. 1728 Division St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	

If married, widowed, or divorced
WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Not given

NAME

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs Delphine Wilson (sister)

(Address) 1728 Division St.

BURIAL, CREMATION, OR REMOVAL Place Univ. of Md Date Dec. 26 19 34

UNDERTAKER

(Address)

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-10- 1934 to 12-22- 1934

I last saw him alive on 12-22- 1934 Death is said to have occurred on the date stated above, at 1 12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	12-10-34
Myocardial Degeneration	

Other contributory causes of importance:

Name of operation Laboratory Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. H. Cooper Hosp. M. D.

(Address)

H. D. 1268-0

F 07787

7787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. 17-01 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mike M. Shariff

(a) Residence: No. 1202 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 10, 1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Singapore

NAME OF FATHER Mahomet

BIRTHPLACE (city or town) (State or country) Singapore

MAIDEN NAME OF MOTHER Meena

BIRTHPLACE (city or town) (State or country) Singapore

INFORMANT Records
(Address) Balt City Hosp.

BURIAL, CREMATION, OR REMOVAL Place University of Md Date Dec. 26, 1934

UNDERTAKER Bureau of Health.
(Address)

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934 to Dec 19, 1934

I last saw h alive on Dec 19, 1934 Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Insufficiency Myocardial Insufficiency a factor	? 1 Mo.
Other contributory causes of importance:	over

Name of operation ____ Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P Frazier, M. D.

(Address) Balt City Hosp.

F 07788

H. B. 1368-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7788

CERTIFICATE OF DEATH

✓97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hosp St. 26-01 Ward)

rth of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Lehner Spahr

(a) Residence: No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Jan 14, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	11	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Chambersburg Pa

NAME Edward

BIRTHPLACE (city or town) (State or country) Scotland

MAIDEN NAME Katherine Lehner

BIRTHPLACE (city or town) (State or country) Penn.

TORMANT Rearde
Address) East City Hosp

RIAL, CREMATION, OR REMOVAL
Place Interred Date Dec. 26 1934

NDERTAKER
Address)

ED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1934 to Dec 23, 1934

I last saw h alive on Dec 23, 1934 Death is said to have occurred on the date stated above, at 7 a P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Bronchopneumonia	Jan.

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) J Phazel M. D.

(Address) East City Hosp

D. P. 1265-0

F 07789

7789

HEALTH DEPARTMENT—CITY OF BALTIMORE

X V 34

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9 Ward)

Registered No. 9b-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter Johnson

(a) Residence: No. Fort River, N. C. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40 ?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Race Track helper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stable

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) North Carolina

9. NAME John

10. BIRTHPLACE (city or town) (State or country) N. C.

12. MAIDEN NAME Locke ?

13. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Records Back City Hosp.

(Address)

BURIAL, CREMATION, OR REMOVAL Place Cemetery Field Date Dec. 26, 1934

UNDERTAKER

(Address)

1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934 to Dec 21, 1934

I last saw him alive on Dec 21, 1934. Death is said to have occurred on the date stated above, at 3 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?
Myocardial Insufficiency	?
Congestive failure	?
	Prev

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagell M. D.

(Address) Back City Hosp.

B 1268-0

E 07790

HEALTH DEPARTMENT—CITY OF BALTIMORE

790

CERTIFICATE OF DEATH

93-003

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No.) Baltimore City Hospitals St., W-C Ward)

th of residence in city or town where death occurred 70 yrs. mns. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Parker

(a) Residence: No. 769 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of Louis

TE OF BIRTH (month, day, year) ?

E Years	Months	Days	If LESS than 1 day, hrs. or min.
71			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (City or town) Wilmington
(State or country) Del

NAME James Carter

BIRTHPLACE (city or town) ?
(State or country)

MAIDEN NAME Matilda

BIRTHPLACE (city or town) ?
(State or country)

FORMANT Records Balt City Hosp
Address)

RIAL, CREMATION, OR REMOVAL
Place University of Md Date Dec 26 . 19 34

NDERTAKER Health Department
Address)

LED (Signed) Registrar

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 22 1934

22. I HEREBY CERTIFY, That I attended deceased from July 5 . 1934 to Dec 22 . 1934
I last saw her alive on Dec 22 . 1934 Death is said to have occurred on the date stated above, at 4:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	2 yrs
Bronchopneumonia	Term.

Other contributory causes of importance:

Name of operation ..... Date of ..... None

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Shapiro . M. D.

(Address) Balt City Hosp

B 1268-8

07791

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 07791

CERTIFICATE OF DEATH

V 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

Y OF BALTIMORE: (No. BALTIMORE. MD. St. 8-01 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Girl Mary Kaufman

(a) Residence: No. 1818 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	White	Single

married, widowed, or divorced
USBAND of
or) WIFE of —

E OF BIRTH (month, day, year) Dec. 12, 1934.-

Years	Months	Days	If LESS than 1 day, hrs. or min.
		13	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc —

Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

ITHPLACE (city or town) Baltimore Md.
(State or country) Maryland

NAME John B. Kauffman

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MAIDEN NAME Marie A. Hokane

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FORMANT John B. Kauffman
Address) 1818 N. Chapel Street

RIAL, CREMATION, OR REMOVAL

place Holy Cross Cem. Date Dec. 27, 1934

DERTAKER George J. Ruth Inc.
Address) 1213 W. Lafayette Ave.

1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21, 1934 to Dec 25, 1934

I last saw her alive on Dec 25, 1934 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Prematurity. — 1mo. | Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) J. M. Mauseller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

B 1268-9

E 02792

792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. City Hospital St., 3-01 Ward)

h of residence in city or town where death occurred ....yrs.... mos....ds. How long in U. S. If of foreign birth?....yrs....mos....ds.

ULL NAME Thomas F Moore

a) Residence: No. 1415 Eastern Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

married, widowed, or divorced
USHAND of
r) WIFE of

E OF BIRTH (month, day, year) Oct 30 1874

Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	24	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

ndustry or business in which work was done, as silk mill, saw mill, bank, etc. None

ate deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Balto Md
(State or country)

AME Michael Moore

IRTHPLACE (city or town) Ireland.
(State or country)

AIDEN NAME Beatrice Burns

IRTHPLACE (city or town) Balto Md
(State or country)

ORMANT John F Amos

ddress) 532 W. Hollins St

IAL, CREMATION, OR REMOVAL

re Holy Cross Cem. Date 12/29 1934

ERTAKER J. S. Lordan & Son

ddress) 2175 Pacaca,

D 1934 — 29 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. E. Stevenson M. D.
Coroner

(Address) 305 N. Patterson Park Ave

B. 1268-9

F 07793

7793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3667 Ash St St. 13-01 Ward)

th of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William H. Mechalecke.

(a) Residence: No. 3667 Ash St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower.

married, widowed, or divorced
USBAND of
or) WIFE of Charlotte Mechalecke

TE OF BIRTH (month, day, year) Nov 30, 1867

Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Ovr

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) State or country) md.

NAME John Mechalecke.

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Unknown.

BIRTHPLACE (city or town) (State or country) Unknown.

ORMANT Benjamin Mechalecke.

Address) 3667 Ash St.

RIAL, CREMATION, OR REMOVAL

Date Dec 28, 1934

DERTAKER Edmondson.

Address) 3615 Chestnut Ave

RED Dec 28, 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1934 to Dec 26, 1934. Dp

I last saw him alive on Dec 26, 1934. Death is said to have occurred on the date stated above, at 11:45 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Sudd.

Other contributory causes of importance:

Arterial Sclerosis.

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. J. Tillett, M. D.

(Address) 3615 Forrest.

B. 1268-9

17794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 92294

106-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 3917 Roland Ave St. 13-01 Ward)

th of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary G. Wimbrough.

(a) Residence: No. 3917 Roland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

married, widowed, or divorced
HUSBAND of
or) WIFE of Wm. H. Wimbrough

TE OF BIRTH (month, day, year) March 26 1881

Years	Months	Days	If LESS than 1 day, hrs. or min.
53	8	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) md.

NAME John McClain

BIRTHPLACE (city or town) (State or country) md.

MAIDEN NAME Mary Hayes.

BIRTHPLACE (city or town) (State or country) md.

FORMANT Wm H. Wimbrough

Address) 2464 Greenmount Ave

RIAL, CREMATION, OR REMOVAL Baltimore Date Dec 27. 1934

DERTAKER Chenoweth & Lore.

Address) 3615-17 Eastend Ave.

ED , 19 Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20. 1934 to Dec 25. 1934

I last saw h. alive on Dec 25. 1934 Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis, acute,	Dec 18 1934
Passive Congestion - kidney,	
Portal Congestion -	

Other contributory causes of importance:

Arterio Sclerosis
Arterio Sclerotic Heart

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. W. Hall, M. D.

(Address) 2020 N. Charles

B. R. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07795

7795

82-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 410 S. Vincent St. St., 4-C Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louis DuBritton

(a) Residence: No. 410 S. Vincent St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X: le	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced
HUSBAND of Gertrude DuBritton(nee Bentz)
(or) WIFE of

TE OF BIRTH (month, day, year) Dec. 3, 1879.

E Years	Months	Days	If LESS than 1 day, hrs. or min.
55		21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 059

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto. Md.

NAME Mrs. Du Britton

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Unknown

BIRTHPLACE (city or town) (State or country) Md.

FORMANT Mrs. Gertrude DuBritton

Address) 410 S. Vincent St.

RIAL, CREMATION, OR REMOVAL

Place St. Peters Date Dec. 28, 19 34

DERTAKER Harry S. Whitfield

Address 4101 Edmondson Ave.

1334

LED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/24. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1934. to Dec 24, 1934.

I last saw h alive on 12/24, 1934 Death is said to have occurred on the date stated above, at 8.45 a.m.

The principal cause of death and related causes of importance were as follows:

Arthritis deformans — Date of onset 10 mos

Cyp

Other contributory causes of importance:

Cerebral thrombosis — 1 hr

Cyp death

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Benjamin Miller M.D. M. D.

(Address) 3030 Wilkens Ave

F 07796

D. H. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

7796

CERTIFICATE OF DEATH

X 83

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Mount Hope Rethaf St., 26 Ward)

gth of residence in city or town where death occurred yrs. 2 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward J. Curley

(a) Residence: No. 1006 Jefferson St., Wilmington Ward. Del.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Feb. 22-1867

E Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas Engineer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co

Date deceased last worked at this occupation (month and year) about 1911

11. Total time (years) spent in this occupation abt 20 yrs

RTHPLACE (city or town) Wilmington
(State or country) Del

NAME Thos. Curley

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Mary Bone

BIRTHPLACE (city or town) (State or country) Ireland

FORMANT Mr. Charles F. Curley

Address) Dupont Bldg. Wilmington, Del

RIAL, CREMATION, OR REMOVAL

Place Wilmington, Del. Date Dec 27/34

DERTAKER Stewart F. Mowry Company

Address) 128 W. North Street

....., 19.... Registrar.

E.D. 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1934 to Dec. 26, 1934

I last saw him alive on Dec 26, 1934. Death is said to have occurred on the date stated above, at 7:12 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis General Arterio-sclerosis	?
Other contributory causes of importance: Left Lobar pneumonia	Dec 24 34

Name of operation None Date of .....

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No If so, specify .....

(Signed) Damian P. Alagia M. D.

(Address) 332 Orrdericks Ave

F 07797

B. [illegible] F 07797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1215 N. Rutland Ave St. 6-01 Ward)

th of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME David E. Bishop

(a) Residence: No. 1215 N Rutland Ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
ale	White	Married

married, ~~widowed, or divorced~~
HUSBAND of ~~WIFE of~~ Mary E. Bishop

TE OF BIRTH (month, day, year) Jan 26th 1877

Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	0	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 013

Date deceased last worked at this occupation (month and year) Dec 20th 1934

11. Total time (years) spent in this occupation 34

RTHPLACE (city or town) Balto
(State or country) Md

NAME David E Bishop

BIRTHPLACE (city or town) Md
(State or country)

MAIDEN NAME E. Florence Miller

BIRTHPLACE (city or town) N. Y.
(State or country)

FORMANT Mary E. Bishop

Address) 1215 Rutland Ave

RIAL, CREMATION, OR REMOVAL

lace Greenmount Date Dec 29th 1934

DERTAKER Wm Cook

Address) 1217 St Paul St

[illegible] [illegible] Burlington [illegible]

EC 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1934 to Dec 26, 1934

I last saw h[illegible] alive on Dec 25 1934 Death is said to have occurred on the date stated above, at 12 [illegible] a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Bright's Endocarditis	9
Other contributory causes of importance:	
Failing Confirmation	Dec 13

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Magruder M. D.

(Address) 2426 Barford Rd

F 07798 ✓ F 07798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 E. North Ave St., 9-01 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George W. Gosnell

(a) Residence: No. 1212 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed or divorced~~ HUSBAND of ~~wife~~ Minnie L. Gosnell

DATE OF BIRTH (month, day, year) Feb 14th 1840

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	10	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. — —

Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Co Md

NAME OF FATHER Jacob Gosnell

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME OF MOTHER Davis

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Minnie L. Gosnell
(Address) 1212 E. North Ave

BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date Dec 28th 1934

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

Huntington Indiana
Registrar.

DEC 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1934 to Dec 26 1934

I last saw him alive on Dec 26 1934. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1932
Other contributory causes of importance: Bronchopneumonia	3 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel B Wolfe M. D.

(Address) 1331 E North Ave

D. B. 1268 F 07799 ✓ F 07799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Hosp. St., 9-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Harry Gamble

(a) Residence: No. 1212 E. Lafayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

If married, widowed, or divorced, HUSBAND of ~~(or) WIFE of~~ Husband - Mrs Alice Gamble

6. DATE OF BIRTH (month, day, year) Sept. 28 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North East Md.

13. NAME OF FATHER Wm R. Gamble

14. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

15. MAIDEN NAME OF MOTHER Alice Benjamin

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. Records Md. & Funeral

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Date 12/28 1934

19. UNDERTAKER Wm C. Ott

(Address) 1219 E. Oriole St.

20. FILED ... Registrar.

DEC 27 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-23 1934 to 12-25 1934

I last saw h[illegible] alive on 12-25 1934 Death is said to have occurred on the date stated above, at 5-05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Sigmoid	
Acute Myocardial Failure	

Other contributory causes of importance:

Senility

Autopsy? No

Name of operation Caecostomy Date of 11-23

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John W. Ramsey M. D.

(Address) Maryland General Hosp

1268-9

F 07800

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07800

93-004

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

LACE OF DEATH

OF BALTIMORE: (No. 1225 N. Bond St., 8-01 Ward)

life

of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

ULL NAME David H. Fosworth

n) Residence: No. 1225 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

RSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	white	single

arried, widowed, or divorced
SBAND of
) WIFE of

E OF BIRTH (month, day, year) Feb 3/1865

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	10	21	

rade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

dustry or business in which work was done, as silk mill, saw mill, bank, etc. Self

te deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) Baltimore, Md.
tate or country)

AME David Fosworth

IRTHPLACE (city or town) Baltimore, Md.
(State or country)

AIDEN NAME Georgiana Crisp

IRTHPLACE (city or town) Baltimore, Md.
(State or country)

RMANT Mabel Fosworth (Sister)
ddress) 1319 Carswell St

AL, CREMATION, OR REMOVAL
London Fork Date 12/27/34

ERTAKER
ddress) 1214 E. Fort Ave

C 27 1934

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of ..... no

What test confirmed diagnosis? ..... Was there an antopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. H. Davis, M. D.
Coroner

(Address) 506 E. Monument

F 07801

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07801

CERTIFICATE OF DEATH

141

Registered No. .....

PLACE OF DEATH

OF BALTIMORE: (No. Sinai Hospital St., 27-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

ULL NAME Dorothy Scoggins

a) Residence: No. 635 Tunbridge Road St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

Married, widowed, or divorced SRAND of) WIFE of Howard Bouling Scoggins

E OF BIRTH (month, day, year) June 19/1916

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	6	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 37

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Woodbrook, Md.

NAME Wm. Charles Russell

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MAIDEN NAME Clara Ethel Hunt

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

RMANT Clara E. Russell (mother)

ddress) 631 Tunbridge Road.

AL, CREMATION, OR REMOVAL Date 12/29 1934

ERTAKER

ddress)

C 271934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema	24 hrs
Incomplete Abortion (Possible drug poisoning self administered)	3 wks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home-various drugs taken to

Manner of injury produce abortion-type &

Nature of injury quantity undetermined.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner. M. D.

(Address) 608 E Fayette

D. P. 1265 F 07802 ✓ F 07802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9316 2 X 124-002

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7-01 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jean Gardner

(a) Residence: No. Cheny Chase, Md St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word):

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 4/22/28

AGE: Years 6 | Months 5 | Days 4 | If LESS than 1 day, hrs. or min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington D C

9. NAME Walter Gardner

10. BIRTHPLACE (city or town) (State or country) R. D.

12. MAIDEN NAME Elizabeth Emmons

13. BIRTHPLACE (city or town) (State or country) R. D

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, REMOVAL

Place Lauden-Park Date Dec 27/34

UNDERTAKER John C. Mitchell Sons

(Address) 1900 Eutaw Place

FILED DEC 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30 1934 to Dec 26 1934

I last saw her alive on Dec 26 1934 Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver ? about Oct 1934

Intraperitoneal Hemorrhage. Today

Date of onset

Other contributory causes of importance:

Name of operation Cuentopsy Date of 12-29

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hydra B Edwards M.D.

(Address) Johns Hopkins Hospital

D. P. 1568-9 F 07803 ✓ F 07803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-001
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1045 W. Mulberry St. 18-01 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary A. Murn

(a) Residence: No. 1045 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Murn

7. DATE OF BIRTH (month, day, year) April 27, 1868

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	25	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 97

11. Date deceased last worked at this occupation (month and year) | 12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Baltimore Md.

14. NAME James Donnelly

15. BIRTHPLACE (city or town) (State or country) Ireland

16. MAIDEN NAME Bridget

17. BIRTHPLACE (city or town) (State or country) Ireland

18. INFORMANT John J. Murn

(Address) 1045 W. Mulberry St.

19. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Dec. 27 1934

20. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from 12/20/34 , 19 , to 12/25/34 , 19

I last saw h alive on 12/24/34 , 19 . Death is said to have occurred on the date stated above, at 6 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Senile Senility.	

Other contributory causes of importance:

Cerebral Apoplexy	1928
History	12/20/34

Name of operation Date of

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard J. Terry , M. D.

(Address) 910 W. Lombard

B. 13[illegible] F 07804 ✓ F 07804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 267 N. 31st St., 12-01 (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME John W. Warner

(a) Residence: No. 267 N 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

married, ~~widowed, or divorced~~
HUSBAND of ~~or WIFE of~~ Alice V. Warner

DATE OF BIRTH (month, day, year) March 9, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38.	9	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tablet Maker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drug Co

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

NAME James E. Warner.

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Amanda Warner.

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Alice V. Warner Wife.

Address) 267 N. 31st

BURIAL, CREMATION, OR REMOVAL

Place Lakewood Cem Date 12/29/ 1934

UNDERTAKER Wally Davis

Address) 3412 Chestnut Ave.

FILED 12/29/ 1934 Registrar of Records

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26/ 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 . to 19

I last saw him alive on 19 Death is said to have occurred on the date stated above, at 6.30 P.m.

The ~~principal~~ cause of death and related causes of importance were as follows:

Strangulation

Clothesline around neck & suspended from beam in bathroom

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At his home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Mooney Coroner, M. D.

12/26/34 (Address) 3602 Roland Av

F 07805

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07805

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3328 Chestnut Ave St., 45-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME C. Edward Grimes

(a) Residence: No. 3328 Chestnut Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married (1st Dillon)

If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida V. Grimes

DATE OF BIRTH (month, day, year): March 16, 1856.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mill Operator

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cotton Mill Co.

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Md.

NAME: Edward Grimes

BIRTHPLACE (city or town) (State or country): Md.

MAIDEN NAME: Jane Fishpaw

BIRTHPLACE (city or town) (State or country): Md.

INFORMANT: Mrs Ida V. Grimes

(Address) 3328 Chestnut Ave.

BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cem. Date: Dec 28, 1934

UNDERTAKER: Walter Davis

(Address) 3418 Chestnut Ave.

FILED: Dec 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 26th, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Dec 13, 1934, to Dec 26, 1934.

I last saw him alive on Dec 26, 1934. Death is said to have occurred on the date stated above, at 1215 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 12-13-34

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur J Davis, M. D.

(Address) 800 W 33rd St

1934 6

F 07806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St 16-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sarah Peters

(a) Residence: No. 940 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 18 1932

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	5	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Robert Peters

BIRTHPLACE (city or town) (State or country) U. S.

MAIDEN NAME Lucia McCorkle

BIRTHPLACE (city or town) (State or country) U. S.

INFORMANT Sarah Peters
(Address) 940 N. Gilmor

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/27 1934

UNDERTAKER Saml. P. Hoge & Son
(Address) 638 N. Gilmor

FILED 19 Registrar.

1934 0

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-20 1934 to 12-25 1934

I last saw h[illegible] alive on 12-25 1934 Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Meningitis	12-15-34
Probably influenzal in origin	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Geo McDonald, M. D.

(Address) Provident Hosp

F 07807 ✓ M F 07807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. ..... Ward) 8-81

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME George Pinkney alias Perry Darby

(a) Residence: No. 948 W Saratoga St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	married

If married, widowed, or divorced WIFE (or) HUSBAND of: Emma

DATE OF BIRTH (month, day, year): May 10, 1896

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	7	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer 04

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): South Carolina

NAME: Unknown

BIRTHPLACE (city or town) (State or country): Unknown

MAIDEN NAME: Unknown

BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Emma Darby

(Address): 948 W. Saratoga St

BURIAL, CREMATION, OR REMOVAL

Place: Andrews Co. Date: 12/28 19 34

UNDERTAKER: Samuel P. Kopel & Son

(Address): 658 N. Gilmor

FILED: Dec 28 19 34 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 ..... to ..... 19 .....

I last saw him alive on Dec 19 ..... Death is said to have occurred on the date stated above at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

Comp. Fracture of Skull — Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 12/24 1934

Where did injury occur? North Point Rd nr Trappe Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of Injury Motorcycle he was riding

Nature of Injury collided with rear of a Truck

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Joseph P Kenny Coroner M. D.

(Address) 2200 E Madison St

D. B. 1268-9

F 07808

F 07808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 834 W. North Ave 13-01 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ida V. Baer

(a) Residence: No. 834 W. North Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis B. Baer

DATE OF BIRTH (month, day, year) Nov. 14, 1859

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	1	15/16	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

NAME Unknown

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Adler

BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. L. B. Baer

(Address) 834 W. North Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Friendship Date Dec. 27 1934

UNDERTAKER Waid Bonghan & Son

(Address) 1902 Eastern Place

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to Dec 25 1934

I last saw h.e alive on Dec 25 1934 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Arter	2 yrs
Other contributory causes of importance:	
Malignancy of Mammary Gland	6 w

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) John A Kraus M. D.

(Address) 612 W. 40 St.

F 07809

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07809

CERTIFICATE OF DEATH

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 4903 Denmore Ave St. 27-01 Ward)

2-FULL NAME Annie Yasser

(a) RESIDENCE NO. 3734 Beehler Ave St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Heva

DATE OF BIRTH (month, day, and year) 1874

AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60			

OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work House Work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

BIRTHPLACE (city or town)
(State or country) Austria

10 NAME OF FATHER Berele Friedman

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Austria

12 MAIDEN NAME OF MOTHER Not Known

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Austria

Informant Stepson Lives Son in law
(Address) 3925 Beehler Ave

Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-25 1934

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary)

(duration) ..... yrs. ..... mos. ..... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John J. Mooney, M. D.

12/26 1934 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Rodaf Cem.	12/27 1934
20 UNDERTAKER	ADDRESS
Levy Bros Inc.	1457 E Baltimore St

D. B. 1265-9 F 07810

F 07810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 2700 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? 31 yrs. mos. ds.

FULL NAME Dave Schapiro

(a) Residence: No. Levendale (Aged) Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Dora

DATE OF BIRTH (month, day, year) 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Jacob Shapiro

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Faiga

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Friendship Date 12/21/34

UNDERTAKER Saul Lewis Inc.
(Address) 1127 E. Baltimore St.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1934, to Dec 26, 1934

I last saw him alive on Dec 26 1934 Death is said to have occurred on the date stated above, at 4.58 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	2 years
Perineal Prostatectomy, done	Dec 11, '34
Uremia	Dec 19, '34

Other contributory causes of importance:

Hypertensive Cardio-Vascular Disease	3

Name of operation Perineal prostatectomy Date of 12/11/34

What test confirmed diagnosis? Chem. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Wilfred K. Kernisberg, M. D.

(Address) Sinai Hospital

F 07811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 8-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Female Infant Kaufman

(a) Residence: No. 1818 N Chapel St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
WIFE of (or) HUSBAND of ——

DATE OF BIRTH (month, day, year) Dec 12, 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupatinn

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME John B. Kaufman

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Marie A. Hokamp

BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT John B. Kaufman

Address 1818 N Chapel St

BURIAL, CREMATION, OR REMOVAL Holy Cross R.C. Date 12/22/34 19

UNDERTAKER Geo. J. Roth Sons

Address 1538 Eastern Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 . 1934

22. I HEREBY CERTIFY, That I attended deceased from December 12 . 1934 to December 26 . 1934

I last saw her alive on December 26 . 1934 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
(7 months)	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Mayerswiller M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 07812

D. B. No. 07812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 W Heath St.) (13-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Infant of Miss Helen Welsh.

(a) Residence: No. 5 W Heath St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 25-34

AGE	Years	Months	Days	If LESS than 1 day, ? hrs. or ... min.
	—	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Balto.
(State or country) Md.

10. NAME Nellie Decatur

11. BIRTHPLACE (city or town)
(State or country) Md

12. MAIDEN NAME Helen Welsh

13. BIRTHPLACE (city or town) Balto.
(State or country) Md.

14. INFORMANT Helen Welsh
(Address) 5 W Heath St.

15. BURIAL, CREMATION, OR REMOVAL
Date 12/27 1934

16. UNDERTAKER E. C. Harker
(Address) 115 E West St

17. FILED ... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1934 to Dec 25, 1934

I last saw him alive on Dec 25, 1934 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth (6½ mos)	
Other contributory causes of importance: Unknown	

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

12/25/34 Signed W. H. Campbell M. D.
(Address) 1644 Hanover St

D. P. 1268-9 F 07813 ✓ F 07813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2155 Wilhelm St., 20-81 Ward)

gth of residence in city or town where death occurred 53 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

FULL NAME Anna M. Wille

(a) Residence: No. 2155 Wilhelm St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

married, widowed, or divorced
HUSBAND of (or) WIFE of Martin J. Wille

ATE OF BIRTH (month, day, year) Aug 2nd 1881

GE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	53	4	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

NAME Lena C. Messenkemper

BIRTHPLACE (city or town) (State or country) Baltimore, Md

MAIDEN NAME Elizabeth Dunkel

BIRTHPLACE (city or town) (State or country) Baltimore Md

FORMANT Mrs Wayne E. Wild

Address) 2155 Wilhelm St

RIAL, CREMATION, OR REMOVAL

Place Westminster Date 12/24/34

DERTAKER J. D. Whitehurst & Son

Address) 300 Eutaw Place

LED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25/34

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1934 to Dec 25, 1934

I last saw h. alive on Dec. 25, 1934 Death is said to have occurred on the date stated above, at 5 or 8 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1 wk
Other contributory causes of importance: Carcinoma of Duodenum	about Apr 1933

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kahn, M. D.

(Address) 2027 N Charles St

B 1268-8

F 07814

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07814

181

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Joseph's Hospital St., 7-al Ward)

th of residence in city or town where death occurred ....yrs. 18 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Mrs. MARIE HELEN ECKMAN

(a) Residence: No. 2727 Ashland Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
ale	White	Married

married, widowed, or divorced
USBAND of
or) WIFE of John William Eckman

TE OF BIRTH (month, day, year) July 31.1877

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
57	4	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Irwin
State or country) Penna

NAME John Rohn

BIRTHPLACE (city or town) Sweeden
(State or country)

MAIDEN NAME Not Known

BIRTHPLACE (city or town) Sweeden
(State or country)

ORMANT MR. J. W. Eckman
Address) 2727 Ashland Ave.

RIAL, CREMATION, OR REMOVAL
estown N.Y. Date Dec. 27 1934
lace 19

SANDER & SONS, INC.
DERTAKER Geo. F. Sander
Address) Baltimore & Broadway.

ED ....., 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 11.20 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock- Burns over body	Dec 25

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 24 1934

Where did injury occur? Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury Clothing was ignited from

Nature of injury Furnace flames thru coal doo

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. J. Pelzer, M. D.
Coroner

(Address) 508 E. Fayette

F 07815

F 07815

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

107-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE; (No. 1945 Lauretta Ave ST., 20-01 WARD)

2-FULL NAME Charlott V. De Coursey

(a) RESIDENCE NO. 1945 Lauretta Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. Md.

10 NAME OF FATHER: Lourenzo Matthews

11 BIRTHPLACE OF FATHER (city or town) (State or country): Md.

12 MAIDEN NAME OF MOTHER: Sarah Campbell

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Md.

Informant (Address): Margaret Miller 1932 Lauretta ave

Filed 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 24th, 34.

17 I HEREBY CERTIFY, That I attended deceased from Dec 1st, 34 to Dec 24 34.

that I last saw her alive on Dec25th 34., 19

and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Fibrillation
Super-induced by a Broncho-pneumonia,

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (Secondary) Bronchial-Asthma

(duration) 6 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ----------

Did an operation precede death? No Date of -----

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Edward S. Lynch M. D.

Dec 25, 1934 (Address) 2329 Arunah Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cem.

DATE OF BURIAL: 12/28/1934

20 UNDERTAKER: Frances Ackensley

ADDRESS: 515 W Biddle St.

D. B. 1268-8

F 07816

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07816

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 848 Hampson St. 13-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John A. Mitchell

(a) Residence: No. 848 Hampson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Johanna Mitchell

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME of Father Henry Mitchell

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME of Mother Susan Magruder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Johanna Mitchell

(Address) 848 Hampson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 12/27 1934

19. UNDERTAKER Frances A. Abernethy

(Address) 578 W. Biddle St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934 to Dec 24, 1934

I last saw him alive on Dec 24, 1934 Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
	1
	1

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward J. Wheatley M. D.

(Address) 1230 S. Stricker

F 07817

F 07817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH United States Marine Hospital

TY OF BALTIMORE: (No. Baltimore Maryland St. 2-01 Ward)

gth of residence in city or town where death occurred yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos.

FULL NAME Michael Grodzki

(a) Residence: No. 1907 Aliceanne St., Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	white	widower

f married, widowed, or divorced
HUSBAND of (or) WIFE of Helen Hepner Grodzki

ATE OF BIRTH (month, day, year) Sept. 16, 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oysterman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

Date deceased last worked at this occupation (month and year) 1-18-34

11. Total time (years) spent in this occupation unk.

IRTHPLACE (city or town) (State or country) Poland

NAME Phil Grodzki

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) unknown

FORMANT (Address) U.S. Marine Hospital Records, Baltimore, Maryland

RIAL, CREMATION, OR REMOVAL

Place St. Mary's, Hampden Date Dec. 27, 1934

DERTAKER (Address) E. Leroy Stiffler, Inc. 125 E. North Ave.

LED Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 24, 1934 to December 23, 1934

I last saw him alive on December 23, 1934 Death is said to have occurred on the date stated above, at 6:10 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis, chronic active

Date of onset unk.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wm. A. Gordon, M. D.

(Address) Asst. Surgeon

D. P. 12-No. F 07818 ✓ F 07818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 27-01 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Telia Harmon

(a) Residence: No. 6102 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 9, 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	2	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Norfolk Co Va

9. NAME Edward Harmon

10. BIRTHPLACE (city or town) (State or country) Norfolk Co Va

12. MAIDEN NAME Frances Hinkles

13. BIRTHPLACE (city or town) (State or country) Norfolk Co Va

INFORMANT Friends
(Address) East City Hosp

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date Dec. 27, 1934

UNDERTAKER W. M. Cook
(Address) 1257 St Paul St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH** (month, day, year) December 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932 to Dec 27, 1934

I last saw h alive on Dec 27, 1934 Death is said to have occurred on the date stated above, at 8:20 A m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Heart Disease, Hypertension Myocardial Insufficiency Cerebral	2 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagel, M. D.

(Address) East City Hosp

F 07819 ✓ F 07819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1504 Battery St. 24-01 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Adda Grimes

(a) Residence: No. 1504 Battery Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frank Grimes

DATE OF BIRTH (month, day, year) January 23, 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Penna

NAME Alex Baumgartner

BIRTHPLACE (city or town) (State or country) Penna

MAIDEN NAME Sarah Kimmel

BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Francis Yager

(Address) 1504 Battery Ave

BURIAL, CREMATION, OR REMOVAL

Place Sykesville Date 12/27 19 34

UNDERTAKER Fred McCauley

(Address) 1282 Fort Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 29th, 1934 to Dec 25th, 1934

I last saw her alive on Dec 24th, 1934 Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular renal disease	about 1 year before death

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

12/26/34 (Signed) Harry Leibel M. D.
(Address) 1214 26 Hanover Sts.

F 07820

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07820

131

CERTIFICATE OF DEATH

PLACE OF DEATH Good Shepherd General Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1510-14 N. Gilmore St., 23-01 Ward)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frances Johnson

(a) Residence: No. 931 S. Sharp St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	A A	Widow

married, widowed, or divorced
(or) WIFE of John Johnson

TE OF BIRTH (month, day, year) 1861

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
3	73	unk	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Essex County Virginia

NAME unk

BIRTHPLACE (city or town) (State or country)

MAIDEN NAME unk

BIRTHPLACE (city or town) (State or country)

FORMANT Missouri Dingp (Daughter)

Address) 931 S Sharp St

RIAL, CREMATION, OR REMOVAL

Place Mt Auburn Ct Date 12/26/34

DERTAKER Isaiah L Brown & Son

Address) 108 W Montgomery St

LED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/16, 192—, to 12/25, 1934

I last saw her alive on 12/25, 1934. Death is said to have occurred on the date stated above, at 6:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left cerebral hemorrhage	12/20/34
Terminal Bronchopneumonia	12/24/34

Other contributory causes of importance:

Arteriosclerosis	Indefinite
Chr. nephritis	Indefinite
Hypertension	Indefinite

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ....., 19—

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) Carson C. Johnson M. D.

(Address) 632 Baker street

F 07821

F 07821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

PLACE OF DEATH Provident Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 12th Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME John Matthews

(a) Residence: No. 1511 W. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Co Maryland

NAME —

BIRTHPLACE (city or town) (State or country) —

MAIDEN NAME —

BIRTHPLACE (city or town) (State or country) —

INFORMANT J. the Matthews

(Address) 1511 W. Calhoun St.

BURIAL, CREMATION, OR REMOVAL

Place Western Star Cemetery Date Dec 27 1934

UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman St

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-22 1934 to 12-24 1934

I last saw him alive on 12-24 1934. Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension Cardio-Vascular Renal Disease	

Other contributory causes of importance:

Diabetes Mellitus
Diabetic Gangrene

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) K. T. Harris M. D.

(Address) Provident Hospital

F 07822 V F 07822

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

PLACE OF DEATH Provident Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill St., 18-01 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Emma Lomax

(a) Residence: No. 910 N. Fremont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	Col	married

If married, widowed, or divorced WIFE of (or) HUSBAND of James Lomax

DATE OF BIRTH (month, day, year) Dec 2. 1887

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	23	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Richmond Va

NAME Jerry Blackwell

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Margete Venney

BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs Bernice Robinson

(Address) 910 N. Fremont

BURIAL, CREMATION, OR REMOVAL Place Richmond Co Va Date Dec 25 34

UNDERTAKER Thomas. E. Kelson

(Address) 1303 Pennsylvania St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25. 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-16-34 . 19 . to 12 25 . 1934

I last saw h alive on 12 25 . 1934 Death is said to have occurred on the date stated above, at 7 30 a.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Diabetes Mellitus

Other contributory cause of importance:

Diabetic Gangrene Left Leg

Diabetic Coma

Name of operation amputation Left Leg Date of 12-22-34

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) E. Harris M. D.

(Address) Provident Hosp

sec. 6-9-19—H. P. Co.—1000 Bks.

07823

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07823

CERTIFICATE OF DEATH.

46

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2529 Guilford Ave. (St.) (12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John George Hopkins

(a) RESIDENCE. NO. 2529 Guilford Ave ST., WARD.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 53 yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	M.

If married, ~~widowed, or divorced~~
HUSBAND of (or ~~WIFE of~~) Esther R. Hopkins

DATE OF BIRTH (month, day, and year) Dec 25-1882

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	—	—	

OCCUPATION OF DECEASED Mixed Dept. 050

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer) Canning Industry

(c) Name of employer

BIRTHPLACE (city or town) (State or country) England

10 NAME OF FATHER George Hopkins

11 BIRTHPLACE OF FATHER (city or town) (State or country) England

12 MAIDEN NAME OF MOTHER Martha ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) England.

Informant Esther R. Hopkins
(Address) 2529 Guilford Ave.

Filed AUG 27 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 25 1934

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to Dec. 25, 1934, that I last saw h alive on Dec. 25, 1934, and that death occurred, on the date stated above, at 11 15 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Chr. Bright Disease.

(duration) 2 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Harry E. Wilson, M. D.

, 19 (Address) 3 W. Biddle St, Balto.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Park Cemetery

DATE OF BURIAL Dec. 28 19

20 UNDERTAKER H. Wyher Sons Inc

ADDRESS 424 N. Broadway

17824

✓ F 07824

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4417 Pimlico Rd St. 27 (Ward)

Length of residence in city or town where death occurred 38 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Sarah Soppersteen

(a) Residence: No. 4417 Pimlico Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	W

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob

DATE OF BIRTH (month, day, year) 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME Eliza Rosenbloom

11. BIRTHPLACE (city or town) (State or country) Russia

12. MAIDEN NAME Nanoia Shapiro

13. BIRTHPLACE (city or town) (State or country) Russia

14. INFORMANT Sol Rosenbloom

(Address) 4417 Pimlico Rd

15. BURIAL, CREMATION, OR REMOVAL

Place Levi Herring & Bro Date Dec 27 1934

16. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

17. FILED Dec 29 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from April, 1933 to Dec 27, 1934.

I last saw her alive on Dec 27, 1934. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast with metastases	about 1932

Other contributory causes of importanre: none

Name of operation amputation Date of 1932

What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2401 Eutaw Pl

B 1268-9

07825 F 07825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Johns Hopkins Hospital St. 5-Ad (Ward)

h of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joseph Genco

(a) Residence: No. 321 N. High St St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

Married, widowed, or divorced
USBAND of
r) WIFE of Catherine Sata

E OF BIRTH (month, day, year) Nov 8/1864

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	1	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

THPLACE (city or town) (State or country) Italy

NAME Gaspare Genco

BIRTHPLACE (city or town) (State or country) Italy

MAIDEN NAME ????

BIRTHPLACE (city or town) (State or country) Italy

DRMANT Catherine Genco
ddress) 321 N. High St

IAL, CREMATION, OR REMOVAL
ce St. Vincent Date Dec 28, 1934

ERTAKER Frank V. Pipitone
ddress) 2818 E. Baltimore St

1934 ... Registered.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above, at Midnight m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Oedema	
Cardiac Failure	

Other contributory causes of importance:

Prostatectomy (Benign)	Nov 26

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. H. Kelly, M. D.
Coroner.

(Address) 508 E. Monument

F 07826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07826

93-003

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE: (No.) 707 N. Mount ST. 15-01 WARD)

2-FULL NAME Virginia Walker

(a) RESIDENCE NO. 707 N Mount ST. WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Col

5 Single, Married, Widowed, or Divorced (write the word): Widow

married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year): Nov 16 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
	53	1	7	

7 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): 070

(c) Name of employer .....

8 BIRTHPLACE (city or town) (State or country): Charlotte Va

9 NAME OF FATHER: Thos Pryor

BIRTHPLACE OF FATHER (city or town) (State or country): Charlotte Va

MAIDEN NAME OF MOTHER: Annie Sticks

BIRTHPLACE OF MOTHER (city or town) (State or country): Charlotte Va

Informant (Address): Rose Taylor 719 N. Mount

Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 23 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 19, 1934 to Dec 23, 1934.

That I last saw her alive on Dec 22, 1934

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. 1 mos ..... ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? Home

Did an operation precede death? No Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? Clinical

(Signed) C. Chenick M. D.

19 (Address) 1600 Mt Royal Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

20 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Calvary

DATE OF BURIAL: Dec 27 1934

20 UNDERTAKER: Wm. George F. Collard

ADDRESS: 1600 Mt Royal Ave

F 07827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3227 Belair Road 8-Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME William L. Irwin

(a) Residence: No. 3227 Belair Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) Lillie M. Irwin

6. DATE OF BIRTH (month, day, year) Mar 12th 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Setter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wilgartan Marble Co

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 23 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER William F. Irwin

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Elizabeth Love

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Lillie M. Irwin

(Address) 3227 Belair Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 12/28 1934

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED Dec 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25th 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11 1934 to Dec 25 1934

I last saw him alive on Dec. 23 1934. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis -	?
	Oct

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Anthony V. Bonkavos - M. D.

(Address) 31 S Stricker St

F 07828 F 07828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH Baltimore City Hospitals (Tb.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. 24-81 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Klemmick

(a) Residence: No. 1410 Towson st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Jan. 16, 1879

E Years	Months	Days	If LESS than 1 day, hrs. or min.
56	11	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Fraderick Klemmick

BIRTHPLACE (city or town)
(State or country) Germany

MAIDEN NAME Henrietta ?

BIRTHPLACE (city or town)
(State or country) Germany

FORMANT Hospital Records
(Address)

RIAL, CREMATION, OR REMOVAL

Place Bauchman Date 12/31/34 19

DERTAKER Chas. J. Steuber
(Address) 1501 E Fort Ave

LED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from October 5, 1934, to December 25, 1934

I last saw him alive on December 25, 1934 Death is said to have occurred on the date stated above, at 10, p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept. 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Meyer W Jacobson M. D.

(Address) Baltimore City Hospitals

F 07829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 157-003

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 802 S. Clinton St. Ward) 26-01

(If non-resident give city or town and State)

FULL NAME Chritorpher R. Mack

(a) Residence: No. 802 S. Clinton St. St., Ward.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

If married, widowed, or divorced
HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) Dec. 11/34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

NAME Chritopher Mack

BIRTHPLACE (city or town) (State or country) Balto. Md.

MAIDEN NAME Mildred Hall

BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Christopher Mack

(Address) 802 S. Clinton St.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Cem. Date Dec. 27/34

UNDERTAKER Tully & Justice

(Address) 4832 Eastern Ave

FILED Dec 28 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1934, to Dec 26, 1934

I last saw him alive on Dec 25, 1934. Death is said to have occurred on the date stated above, 5 A.M.

The principal cause of death and related causes of importance were as follows:

Congenital Heart Disease — Date of onset

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Nathan J. Davidov, M. D.

(Address) 3228 Eastern Ave

D. P. 1268-9

F 07830

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07830

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred [illegible] mos. [illegible] In U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Forsythe
(a) Residence: No. 3803 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
(a) WIFE of Harry Forsythe

6. DATE OF BIRTH (month, day, year) Nov. 1, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Baltimore
13. NAME of Father [illegible]
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME of Mother Margaret Goldman
16. BIRTHPLACE (city or town) (State or country) Baltimore
17. INFORMANT (Address) Hospital Records
18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date Dec. 31 1934
19. UNDERTAKER (Address) Tilley & Wilson

20. FILED [illegible] 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 1934 to Dec 26 1934 I last saw her alive on Dec 26, 1934 Death is said to have occurred on the date stated above, at 1:35 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis	[illegible]
(b) Fulminic Tuberculosis	[illegible]
Other contributory causes of importance: Edema Pulmonary	12-25-34
Bronchopneumonia	12-25-34

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel S. Gross M. D.
(Address) Balto City Hospitals

F 07831

D. P. 1268-9

7831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH University Hospital

TY OF BALTIMORE: (No. Green & Redwood St. 21-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William Calbert.

(a) Residence: No. 1911 Worthington Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	D.

(If married, widowed, or divorced) HUSBAND of (or) WIFE of Single

Pa

ATE OF BIRTH (month, day, year)

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
3				

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Pa

NAME D S Colbert

BIRTHPLACE (city or town) (State or country) Washington

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT (Address)

RIAL, CREMATION, OR REMOVAL Place Cemetery of Md Date Dec 27 34

NDERTAKER (Address)

LED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-21, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-15-34, 19 . to 12-21-34, 19 .

I last saw him alive on 12-21-34, 19 . Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset 12-12-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Feoring M. D.

(Address) University Hospital

D. H. 1268-A F 07832

F 07832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St. (Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Fannie Hall

(a) Residence: No. 535 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis (dead)

DATE OF BIRTH (month, day, year) March 10 1856

AGE Years	Months	Days	If LESS than 1 day... hrs. or min.
78	9	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland.

NAME John Sutton

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Henrietta Knox

BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records Balt City Hosp

(Address)

BURIAL, CREMATION, OR REMOVAL Place Johnson Cmty Date 12/27 1934

UNDERTAKER Walter B. Spriggs

(Address) 134 W. Hamburg St

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 16 1934 to Dec 24 1934

I last saw h[illegible] alive on Dec 24 1934 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage,	[illegible]
Arteriosclerosis	
Bronchopneumonia	Last

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) [illegible] M. D.

(Address) Bmd Balt City Hosp

D. P. 1268-0

F 07833

9833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of Poor St. 16-61 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Paul Wolfe

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Caroline Klein

6. DATE OF BIRTH (month, day, year) November 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86	11	1	21	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 67

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Germany

12. NAME Sebastian Wolfe

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME Christine ?

15. BIRTHPLACE (city or town) (State or country)

16. INFORMANT Sister Stanislaus, Supr.
(Address) 1200 Valley St. Baltimore, Md.

17. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. Co. Date 12/29/34

18. UNDERTAKER E. & B. Hafer
(Address) 15 E. 22nd St.

19. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 27 December 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1934 to Dec 27 1934

I last saw him alive on Dec 21 1934. Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	?
Other contributory causes of importance:	
Pneumonia	2d

Name of operation Autopsy Date of

What test confirmed diagnosis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. M. Parke M. D.

(Address) 111 Harrison

B. 1768-M 07834 F 07834

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St. 1-01 Ward)

BALTIMORE, MD.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Ramagnano

(a) Residence: No. 813 - S. Streeper St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) March 8-1928

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 yrs.	9	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore, Md

NAME Joseph Ramagnano

BIRTHPLACE (city or town) (State or country) Italy

MAIDEN NAME Mary Tarrigan

BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Joseph Ramagnano

(Address) 813 S. Streeper St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 28, 1934

UNDERTAKER Martin V. E. Dippel

(Address) 918 Linn St.

FILED, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1934 to Dec. 25, 1934

I last saw him alive on Dec. 25, 1934 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia -	4 days

Other contributory causes of importance:

Chronic Nephritis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, state how —

(Signed) J. M. Magenheller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. B. 1268-9

F 07835

7835

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. ..... St., 4-01 Ward)

ngth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Richards

(a) Residence: No. 673 W Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 12-15-34

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) ..... Md
(State or country)

3. NAME Edward Richards

4. BIRTHPLACE (city or town) N.C.
(State or country)

5. MAIDEN NAME Fannie Scott

6. BIRTHPLACE (city or town) Va
(State or country)

FORMANT Rinaldo
(Address) JOHNS HOPKINS HOSPITAL

URIAL, CREMATION, OR REMOVAL Johns Hopkins Hospital Date Dec 27 1934

DERTAKER .....
(Address)

LED Dec 27 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1934 to Dec 16, 1934

I last saw h.. alive on Dec 16, 1934 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	birth
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis F. Schweatker, M. D.

(Address) Johns Hopkins Hospital

B 1265-9

F 07836

HEALTH DEPARTMENT—CITY OF BALTIMORE

7836

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. Johns Hopkins Hospital St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Infant Karopchinski

(a) Residence: No. 2208 Annapolis Road St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	white	single

married, widowed, or divorced
USBAND of
r) WIFE of

E OF BIRTH (month, day, year) Dec 17/34

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
		1	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) State or country) 2208 Annapolis Road Baltimore, Md.

NAME Not given

IRTHPLACE (city or town) (State or country)

MAIDEN NAME Helen Karopchinski

IRTHPLACE (city or town) (State or country) Baltimore, Md.

ORMANT Hospital Records

ddress)

IAL, CREMATION, OR REMOVAL

Date Dec 27 '34

ERTAKER

ddress)

D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18/34. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
(about 7 mons gestation)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Ogden M. D.

Coroner

(Address) 101 E Front

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 7837

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 7-01 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 6 weeks ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Ernest Harding

(a) Residence: No. Rockville Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
rale	White	Married

f married, widowed, or divorced
BUSHAND of (or) WIFE of Ella

ATE OF BIRTH (month, day, year) 2/5/80

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	21	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 015

Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

IRTHPLACE (city or town) (State or country) Md

NAME Jos Harding

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Dennard

BIRTHPLACE (city or town) (State or country)

FORMANT Records

(Address)

RIAL, CREMATION, OR REMOVAL Woodlawn Date 2-29 1934

NDERTAKER Harry A. Smith

(Address) 4101 E. Monument Ave

Date Received ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11/17/34, 19.., to 12/26/34, 19..

I last saw h.. alive on 11/17/34, 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerular nephritis — Date of onset 7 months ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hunter Sinclair Coons, M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-0

F 07838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

7838

F 93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5318 Wesley Ave St. 28-21 Ward)

(If of residence in city or town where death occurred) yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alice S. Flanegan

(a) Residence: No. 5318 Wesley Ave St., Ward. Akron Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced WIFE of (or) HUSBAND of Thomas J. Flanegan

6. DATE OF BIRTH (month, day, year) May 28/1865

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
69	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Webster N.Y.

13. NAME OF FATHER Jonas Whiting

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Sarah Turrell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Alice A. Price

(Address) 5318 Wesley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Akron Ohio Date Dec 29, 1934

19. UNDERTAKER Harry H. Armacost & Son

(Address) 1104 Eutaw Place

1934 FILED 19 Registrar.

A456

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26/34, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934, to Dec 26/34, 19

I last saw her alive on Nov. 19/34, 19 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage & paralysis Sept 1-34	Sept 1/34
Other contributory causes of importance:	
arteriosclerosis	1929
Hypertension	1932
Myocarditis	Sept 1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

(If so, specify)

(Signed) Walter Dublett M. D.

(Address) 2220 Harford Blvd

—2-29-28—L. F. S.—500 Bks.

F 07839

7839

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 3434 Second St. (Brooklyn) ST. 25-91 WARD)

—FULL NAME Robert F. Douglas

(k) RESIDENCE NO. 3434 Second St. (Brooklyn) ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

th of residence in city or town where death occurred 0 yrs. 3 mos. 19 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Single.

married, widowed, or divorced HUSBAND of (or) WIFE of —

E OF BIRTH (month, day, and year) September 8, 1934

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	3	19	

UPATION OF DECEASED

Trade, profession or ticular kind of work Infant

General nature of industry, ness, or establishment in h employed (or employer)

Name of employer

THPLACE (city or town) Baltimore
te or country)

NAME OF FATHER William J. Douglas

BIRTHPLACE OF FATHER (city or town)
State or country) Virginia.

MAIDEN NAME OF MOTHER Anna Lewis

BIRTHPLACE OF MOTHER (city or town)
State or country) Virginia

nformant (Mother) Anna Lewis Douglas

Address) 3434 Second St.

ed 1934, 19 acm Registrar

MEDICAL CERTIFICATE OF DEATH

0

16 DATE OF DEATH (month, day, and year) December 27, 1934

17

I HEREBY CERTIFY, That I attended deceased from December 26, 1934, to December 27, 1934.

that I last saw him alive on December 26, 1934

and that death occurred, on the date stated above, at 5 45 A m.

The CAUSE OF DEATH* was as follows:

Broncho-pneumonia.

(duration) 0 yrs. 0 mos. 2 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis?

(Signed) Henry F. Buettner, M. D.

Dec 27, 1934 (Address) 1319 Light St., Balto., Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Rainswood Va	12/28 1934
20 UNDERTAKER	ADDRESS
William Cook	1217 S. Caul

D. B. 1268-4

F 07840

7840 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 117-002

Registered No.

1. PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St. 17-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A. Koethe (Harry A. Koethe)

(a) Residence: No. 430 E 28 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or WIFE of) Minnie M. Koethe

6. DATE OF BIRTH (month, day, year) 8/3/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Date deceased last worked at this occupation (month and year) 05

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto., Md.

10. NAME Henry D. Koethe

BIRTHPLACE (city or town) (State or country) Balto., Md.

11. MAIDEN NAME Emma Binder

BIRTHPLACE (city or town) (State or country) Balto., Md.

12. INFORMANT Husband nearest kin.

Address)

13. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 17 1934

14. UNDERTAKER Jos. B. Cook

Address 1003 E. Baltimore St.

Dec 17 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/15 1934

22. I HEREBY CERTIFY, That I attended deceased from 12/16/34 19 to 12/15/34 19

I last saw he alive on 12/15/34 19 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured duodenal ulcer with peritonitis	12/15/34
Other contributory causes of importance: Chronic Cardio-vascular Renal disease	?

Name of operation Exploratory Date of 12/19/34

What test confirmed diagnosis Autopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Hefferd M. D.

(Address) Mercy Hospital

B 1268-0

John W Funk

F 07841

HEALTH DEPARTMENT—CITY OF BALTIMORE

7841

CERTIFICATE OF DEATH

186-001

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. Balto. City Hosp. St., 1-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John W. Funk

(a) Residence: No. 2313 Eastern Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
	White	Married

married, widowed, or divorced
USBAND of
r) WIFE of Virginia P. Funk

E OF BIRTH (month, day, year) Jan. 15-1851

Years	Months	Days	If LESS than 1 day, hrs. or min.
3	11	14	11

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Eng.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 020

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

THPLACE (city or town) Warren
State or country) Md.

NAME Henry Funk

IRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Christina Apt

IRTHPLACE (city or town) Germany
(State or country)

ORMANT Christina Funk
ddress) 2313 Eastern Ave.

IAL, CREMATION, OR REMOVAL
ace Balto. Cem. Date Dec. 29/34 19

DERTAKER E. J. Miller & Son
ddress) 2334 Jefferson St.

D 1934 H. C. Lutz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.50 a.m.

The prinripal cause of death and related causes of importance were as follows: | Date of onset

Fractured Skull
accidental

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violenre) fill in also the following: Accident, suicide, or homicide? Acc. Date of injury 12/26, 1934

Where did injury occur? 2313 Eastern ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public plare Home

Manner of injury Fell down stairs at home

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. Peterson M.D. M. D.
Coroner

(Address) 130 S. Jefferson St.

D. B. 126

F 07842 ✓ F 07842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 708 N Luzern ave. 7-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Hahn

(a) Residence: No. 708 N. Luzern ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Harry W. Hahn

6. DATE OF BIRTH (month, day, year) aug 15 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md.

13. NAME — Cole.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Ellen —

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Geo Breckenbridge

(Address) 3202 Berkshire Road

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date Dec 28 1937

19. UNDERTAKER Liston P. Trusselbaugh

(Address) 221 E Lafayette ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1937 to December 26, 1937

I last saw h[illegible] alive on December 24, 1937. Death is said to have occurred on the date stated above, at 8[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fabio Dorsalis	not known
Chronic Diffuse Nephritis	not known

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank Jayd, M. D.

(Address) 2006 E Monument St.

F 07843

F 07843

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 508 Glenwood ave St. 27-C Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Johnson

(a) Residence: No. 508 Glenwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Galnay Webb.

13. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rachel Miller

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mrs. Ethel Johnson

(Address) 508 Glenwood ave

BURIAL, CREMATION OR REMOVAL

Place Zion Cem. Date 12/28/ 1934

UNDERTAKER Francis A. Hemsley

(Address) 578 W. Biddle St

FILED 12-29-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1930 to Dec 25 1934

I last saw h.. alive on Dec 25 1934 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Chr. Myocarditis	1930
[redacted] Chronic Nephritis	1930
Other contributory causes of importance: Acute Cardiac Dilatation	1934

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. L. Brailey M. D.

(Address) 501 Sheridan Ave.

F 07844

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07844

66-002

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1314 Druid Hill ave St., 17-01 Ward)

ths of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rose Stevens James

(a) Residence: No. 1314 Druid Hill ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

married, widowed, or divorced HUSBAND of (or) WIFE of: Edward James

TE OF BIRTH (month, day, year): 1877

E Years	Months	Days	If LESS than 1 day, hrs. or min.
57	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 57

RTHPLACE (city or town) (State or country): Balto Md

NAME: John Stevens

BIRTHPLACE (city or town) (State or country): Md.

MAIDEN NAME: Mary Howard

BIRTHPLACE (city or town) (State or country): Md.

FORMANT (Address): Mrs. Jane Lake 1314 Druid Hill ave

RIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. Date 12/29, 34

DERTAKER (Address): Frances A. Hemsley 516 W. Biddle St.

ED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1934 to Dec 26, 1934

I last saw h alive on Dec 26, 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Myocarditis	Sept 14/34
Other contributory causes of importance: Toxic, Goiter	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) B. F. Hakes M. D.

(Address) 1715 Pa Ave

F 07845

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07845

CERTIFICATE OF DEATH

82-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 N. Central Ave St., 10-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sophia. C. Kentze

(a) Residence: No. 1007 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Martin. F. Kentze

DATE OF BIRTH (month, day, year) Dec. 8 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	—	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore, Md
(State or country)

NAME Adam Mueller

BIRTHPLACE (city or town) Germany
(State or country)

MAIDEN NAME Mary Stirl

BIRTHPLACE (city or town) Germany
(State or country)

INFORMANT Mr. Joseph Kentze

Address 1007 N. Central Ave.

BURIAL, CREMATION, OR REMOVAL Greenmount

Place St. Mary's Cemetery Date Dec. 29 1934

UNDERTAKER Levy Bros. & Lomax, Inc.

Address 1301 E. Baltimore St.

FILED Dec 31 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 21 1934 to Dec. 26 1934.

I last saw h alive on Dec. 26 1934. Death is said to have occurred on the date stated above, at 2 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis with Hypertension	
Other contributory causes of importance: Cerebral Embolism	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Sigbert Litman M. D.

(Address) 1304 E. Chase

D. H. 1568-9 F 07846

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07846

CERTIFICATE OF DEATH

92-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Little Sisters of the Poor St., 10-W (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph James F. Moreland

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah ?

7. DATE OF BIRTH (month, day, year) 28 Feb. 1852

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	9	27	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Produce do

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Moreland

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah Johnson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup. (Address) 1200 - Valley Street, City

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Dec. 28, 1937

19. UNDERTAKER John J. Wilson (Address) 3000 E. Balto St.

20. FILED Dec 28 1937 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 25 December 1937

22. I HEREBY CERTIFY, That I attended deceased from June, 1934 to Dec 25, 1937. I last saw him alive on Dec 20, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	5

Other contributory causes of importance:

Arter Sclerosis	
Hypostatic Pneumonia	
Asthma	

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCarthy, M. D.

(Address) 111 N. Howard Street

1934

B 1268-9

F 07847

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07847

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 1419 Hull St. St., 24-01 Ward)

th of residence in city or town where death occurred 14 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME John L. McHale.

(a) Residence: No. 1419 Hull St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Single

married, widowed, or divorced
USBAND of
r) WIFE of ---------

E OF BIRTH (month, day, year) April 30, 1896

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
38	7	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakesman,

Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O.R.R. Co.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

THPLACE (city or town) State or country) Clear Field Co. Pa.

NAME Michael McHale.

BIRTHPLACE (city or town) (State or country) Ireland.

MAIDEN NAME Ann McCabe.

BIRTHPLACE (city or town) (State or country) Scotland.

ORMANT Ann McHale. (mother)
ddress) 1419 Hull St.

IAL, CREMATION, OR REMOVAL
ce Cath. Central Cem. Date Dec. 29, 1934

ERTAKER Mary A. T. Flynn
ddress) 1422 Light St.

D 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 8.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

ature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Otto W. Reinhardt, M. D.
Coroner

12/27/34 (Address) 1017 E. Charles St.

B. 1208-9

07848

HEALTH DEPARTMENT—CITY OF BALTIMORE

07848

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 116½ Aisquith St. 5-01 Ward)

th of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jennie Friedman

(a) Residence: No. 116½ Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ngle	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Sam

TE OF BIRTH (month, day, year) 1883

E: Years	Months	Days	If LESS than 1 day, hrs. or min.
51	—	—	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

Date deceased last worked at this occupation (month and year) | 13. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Russia

NAME Ely Garbus

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Rebecca

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Sam Friedman

Address) 116½ Aisquith st.

RIAL, CREMATION, OR REMOVAL

Washington Road Date Dec 29. 1934

DERTAKER Sol Levinson & Bro

Address) 1127 E Balto st

ED 1934 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from March 2 . 1934 to Dec 27 . 1934

I last saw her alive on Dec 27th . 1934. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Other contributory causes of importance:

Hypertension & Cardio-Vascular-renal disease

Name of operation ~ Date of

What test confirmed diagnosis? ~ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~ Date of injury . 19

Where did injury occur? ~ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased?

If so, specify no.

(Signed) J. Harry A. Friedman M. D.

(Address) 120 Aisquith St.

D. B. 1209-9

7849

HEALTH DEPARTMENT—CITY OF BALTIMORE

7849

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. 5-D Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

FULL NAME Mary Pope Schofield

(a) Residence: No. 524 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

If married, widowed, or divorced WIFE of Noah Schofield

6. DATE OF BIRTH (month, day, year) Feb. 6, 1856

Years	Months	Days	If LESS than 1 day, hrs. or min.
78	10	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

9. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

10. BIRTHPLACE (city or town) (State or country) Virginia

12. NAME OF FATHER Noah ? | BIRTHPLACE (city or town) (State or country) Virginia

13. MAIDEN NAME OF MOTHER Charlotte Dennis | BIRTHPLACE (city or town) (State or country) N. C.

14. INFORMANT Hosp. Records
(Address)

15. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Dec. 28, 1934

16. UNDERTAKER Wendell J. Diffpal
(Address) 3003 Eden St

17. FILED 1934 (Date) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1934 to Dec 26, 1934, that I last saw h[illegible] alive on Dec 25, 1934, Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Croupous Uremic with Lobular extension	

Other contributory causes of importance: Bronchio-pneumonia 12/24/34

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel H. Gant M. D.

(Address) Balto City Hospitals

F 07850

F 07850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-001

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital St. 120-21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

FULL NAME Francis Gillen

(a) Residence: No. 255 So. Fulton Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 28-1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	2	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

NAME Edward Gillen

BIRTHPLACE (city or town) (State or country) Ireland

MAIDEN NAME Mary Lynch

BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Ann Gillen (sister)

(Address) 755 So. Fulton St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 29 1934

UNDERTAKER B. M. Walters & Sons

Address N.E. cor Pratt & Stricker Sts

FILED Dec 29 1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on Inquiry 19..... Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	Dec 23 1934
Other contributory causes of importance: Accident	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury? Dec 23 1934

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 2005 Frederick Road

Manner of injury Fell down steps

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify .....

(Signed) Joseph L Valentine M. D.
Coroner

(Address) 16 Bond Street

F 07851 ✓ F 07851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hosp St., 18-21 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Llewellyn

(a) Residence: No. 1029 Edmondson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Beatrice (Leg)

DATE OF BIRTH (month, day, year) July 17 ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	5	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co

Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

NAME John

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Mary Warren

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records Balt City Hosp (Address)

BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date Dec 28, 1934

UNDERTAKER James A Davies (Address) 142 Westfield Ave

FILED Dec 28, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934 to Dec 24, 1934

I last saw him alive on Dec 24, 1934 Death is said to have occurred on the date stated above, at 11:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis c	?
Myocardial Insufficiency c Failure	1 Mo
Other contributory causes of importance:	
	Mos

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I Braunel M. D.

(Address) Balt City Hosp

D. B. F 07852 Davis F 07852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 228 Calvin St., 5-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emaline Davis

(a) Residence: No. 228 Calvin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of: Davis

6. DATE OF BIRTH (month, day, year): 1880.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Madden

14. BIRTHPLACE (city or town) (State or country): [illegible]

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Daniel Davis
(Address) 228 N. Calvin St

18. BURIAL, CREMATION, OR REMOVAL
Place Ashley Cem. Date 12/28/34 19

19. UNDERTAKER: John W. Henderson
(Address) 1502 E. Monument St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Tue, Dec 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1934 to Dec. 25, 1934.

I last saw h.er alive on Dec. 25, 1934 Death is said to have occurred on the date stated above, at 11 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 24, 1934

Other contributory causes of importance:

Chronic Interstitial Nephritis	Yrs 0 1934

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos. E. Allen M. D.

(Address) 10 E. Chesapeake

D. B 12[illegible] F 07853 ✓ F 07853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 702 S Wolfe St., 9-01 Ward)

th of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME G. Edward May

(a) Residence: No. 1701 E 33rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Lillian C May

TE OF BIRTH (month, day, year) Apr 22 1874

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	8	45	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beverage Bottler

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 45

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto Md

NAME Charles L May.

BIRTHPLACE (city or town) (State or country) Germany.

MAIDEN NAME Louise Mayer

BIRTHPLACE (city or town) (State or country) Germany.

ORMANT Mrs Geiger

Address) 3524 N Calvert

RIAL, CREMATION, OR REMOVAL

lace Oak Lawn Cem Date Dec 29th 1934

DERTAKER John Schmid

Address) 2002 Eleana

ED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27. 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by Illuminating Gas	
Probable accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Dict Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 12/27. 1934

Where did injury occur? 702 S Wolfe
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Asphyxiation by

Nature of injury Illuminating Gas

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) E P Kerzog md M. D.
Coroner

(Address) 3053 N Calvert

ec—9 30—A. & Co.—250 Blks.

F 07854

7854 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

REGISTERED NO.

1. PLACE OF DEATH 3237 Stafford St
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No 3237 Stafford ST 20-01 WARD)

2 FULL NAME Mary R. Fisher

(a) RESIDENCE NO. 3237 Stafford St ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

ength of residence in city or town where death occurred yrs. mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	W	Widowed

If ~~married~~, widowed, or ~~divorced~~
HUSBAND of
(or) WIFE of Geo Fisher Sr.

ATE OF BIRTH (month, day, and year) Sept. 15, 1862

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	12	

CCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) — 137
(c) Name of employer —

IRTHPLACE (city or town) (State or country) Balto Md

0 NAME OF FATHER Wm Jones

1 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md

2 MAIDEN NAME OF MOTHER Mary E. Jones

3 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

nformant Mrs M. J. Gentzel
Address 3026 W Lanvale St

Filed 28 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 27-34

17
I HEREBY CERTIFY, That I attended deceased from Dec 15, 1934, to Dec 27, 1934
that I last saw h[illegible] alive on Dec 27, 1934
and that death occurred, on the date stated above, at 5-20 P m.

The CAUSE OF DEATH* was as follows:

La Grippe

(duration) yrs. mos. 12 ds.

CONTRIBUTORY (Secondary) Cerebral Hemorrhage
(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? same
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis? Cl + Phy Exam
(Signed) F. T. Kyper M. D.
19 (Address) 3321 Forest Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL London Park Cem. DATE OF BURIAL Dec. 29, 1934

20 UNDERTAKER Charles W. Dill. ADDRESS 3109 Fredk. Ave.

F 07855

D. P. H. 07855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Leon Schwartzman

(a) Residence: No. 1932 London Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Sadie

6. DATE OF BIRTH (month, day, year)

7. AGE	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME of father Nathan Schwartzman

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME of mother Annie

16. BIRTHPLACE (city or town) (State or country) Poland

17. INTERMENT Hospital (Jewish)
(Address)

18. BURIAL, CREMATION, OR REMOVAL Bush Rd Cemetery Date 12-27 . 19 34

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED DEC 28 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 21 . 1934 to Dec 26 . 1934

I last saw him alive on Dec 25 . 1934 Death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Friedman, M. D.
(Address) Sinai Hospital

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F07856

07856

CERTIFICATE OF DEATH

50

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. 32 E Preston St., 11-01 Ward)

th of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Mary J. Macintosh

(a) Residence: No. 32 E Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

married, widowed, or divorced
HUSBAND of
or) WIFE of George Macintosh

TE OF BIRTH (month, day, year) July 24 1859

E	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	75	4	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

RTHPLACE (city or town) (State or country) England

NAME Rankin Watson

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME unknown Worcester

BIRTHPLACE (city or town) (State or country) England

ORMANT Geo. M Macintosh
Address) Scotland

RIAL, CREMATION, OR REMOVAL

Place Westminster R.C. Date Dec 28, 19 34

DERTAKER
Address)

D 19 ... Registrar

THE MORGUE

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	4 yrs
Other contributory causes of importance: Malnutrition	6 mos

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James M Rankin, M. D.
Coroner

(Address) Govt Chas

D. B. 1183-P

07857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 07857

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3313 Walbrook Ave. St., 15-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Howard G Clark

(a) Residence: No. 3313 Walbrook Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Liliana Clark.

DATE OF BIRTH (month, day, year) Aug 13 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	4	14	12

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinery Supply

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 04 3

BIRTHPLACE (city or town) (State or country) Baltimore Md

NAME Noah Clark.

BIRTHPLACE (city or town) (State or country) Baltimore Md

MAIDEN NAME Emma Simms

BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Liliana Clark

(Address) 3313 Walbrook Ave

BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Dec 29, 1934

UNDERTAKER Chas. G. Clark

(Address) 742 W Baltimore

FILED ..... 19..... ..... Registrar.

DEC 23 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26th 1934

22. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. G. Clark Coroner M. D.

(Address) Coroner

D. P. 1208-9

F 07858

7858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

PLACE OF DEATH St Agnes Hospital

Registered No. 25-01

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Wilkens & Caton Aves St., Ward)

gth of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Victor Hubbard

(a) Residence: No. Elkridge Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced HUSBAND of (or WIFE of) Ellen Hubbard

TE OF BIRTH (month, day, year) Feb. 22, 1905

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	10	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Elkridge Md

NAME Charles E. Hubbard

BIRTHPLACE (city or town) (State or country) West Virginia

MAIDEN NAME Sarah Hudson

BIRTHPLACE (city or town) (State or country) Elkridge, Md

FORMANT Leo E. Hubbard
(Address) Elkridge, Md.

RIAL, CREMATION, OR REMOVAL
ugustines, Elkridge Date Dec 31, 1934

DERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. North Ave.

ID 31034 19 Hunting Park Register No.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1934 to Dec. 27, 1934

I last saw him alive on Dec. 27, 1934 Death is said to have occurred on the date stated above, at 12 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pulmonary Tuberculosis	1931
Pulmonary hemorrhage	12/27/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carl G. Parker, M. D.

(Address) St Agnes Hosp.

O. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07859 07859

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-01 Ward)

(If not in city or town where death occurred, give length of residence in city or town where death occurred) yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary Dennie Deise

(a) Residence: No. 1631 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of George (dead)

DATE OF BIRTH (month, day, year): ? 1871

AGE: Years 63 ? | Months | Days | If LESS than 1 day, hrs. or min.

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Co Md

NAME: Dennis Kirby

BIRTHPLACE (city or town) (State or country): Ireland

MAIDEN NAME: ?

BIRTHPLACE (city or town) (State or country): Ireland

INFORMANT (Address): Records Balt City Hosp

BURIAL, CREMATION, OR REMOVAL: Place Cathedral Date Dec 29th 1934

UNDERTAKER (Address): Wm Cook 1217 St. Paul St.

FILED 1934 Registrar.

D 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1934 to Dec 27 1934

I last saw h alive on Dec 27 1934. Death is said to have occurred on the date stated above, at 1 1/5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 wks
Emphysema, pneumonia	10 d?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Phagan M. D.

(Address) Balt City Hosp

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 97860

93-003

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 3912 Juniper Rd St. 12-21 Ward)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Amelia Burns

(a) Residence: No. 3912 Juniper Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of William S Burns

ATE OF BIRTH (month, day, year) Mar. 9 1856

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	9	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Delaware

NAME Robert Ross

BIRTHPLACE (city or town) (State or country) Delaware

MAIDEN NAME Amelia Corbin

BIRTHPLACE (city or town) (State or country) Maryland

FORMANT albert Burns

Address) 3912 Juniper Road

RIAL, CREMATION, OR REMOVAL

Place Greenmount Date Dec 28 1934

DERTAKER Wm J Tuckner & Sons

Address) North & Penna Ave

LED 19 Registrar

231934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1934

22. I HEREBY CERTIFY, That I attended deceased from April 17 1934 to Dec 26 1934

I last saw her alive on Dec. 26 1934 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis with senile progressive changes in all organs	Unknown
Myocardial degeneration	Unknown
Myocardial failure	Dec. 1934

Other contributory causes of importance:

Old fracture L hip joint in April 1934, treated 3 mo. at Union Memorial Hosp.	Apr. 1934

Name of Operation Date of

What test confirmed diagnosis? Was there an autopsy?

Coroner

23. If death was due to external causes (violence) fill in also the following: Do not consider Lead line & Pb

Accident, suicide, or homicide? Date of injury Fracture

Where did injury occur? Fracture occurred at Baltimore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home ... April 1934

Manner of injury Fracture through fall over

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 11 E. Pleasant St. Baltimore

D. P. 1268-9

07861 HEALTH DEPARTMENT—CITY OF BALTIMORE 07861

CERTIFICATE OF DEATH ✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 18-01 Ward)

Length of residence in city or town where death occurred 5 yrs. (mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Morton Conley Sr.

(a) Residence: No. 827 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	M.

If married, widowed or divorced HUSBAND of (or) WIFE of: Dora Conley

6. DATE OF BIRTH (month, day, year): ? 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sign Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 050

12. BIRTHPLACE (city or town) (State or country): Pa

13. NAME OF FATHER: John Conley

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME OF MOTHER: Mary ?

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Dora Conley

(Address) 827 W Fayette St

18. BURIAL, CREMATION OR REMOVAL: Loudon Park Cem Date Dec 28, 1934

19. UNDERTAKER: Wm Pickner Sons

(Address) Pratt & Paca sts.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-25-34 19

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 19, to 12-25, 1934

I last saw him alive on 12-25, 1934. Death is said to have occurred on the date stated above, at 1:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Labor pneumonia	12-17-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W L Feeney M. D.

(Address) University Hospital

DEC 28 1934

D. P. 1268-9

107862 HEALTH DEPARTMENT—CITY OF BALTIMORE 107862

CERTIFICATE OF DEATH

94-001

Registered No.

Med.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 14-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cora Rogers

(a) Residence: No. 1617 Bolton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) Jan. 12, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~0~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME OF FATHER J. C. Ford

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Louisa Watkins

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Rhodesdale Md Date Dec. 29, 1934
Mrs Rhodes Cemetery

19. UNDERTAKER John L. Henry

(Address) 715 Light St.

20. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 13, 1934 to Dec. 25, 1934

I last saw her alive on Dec. 25, 1934 Death is said to have occurred on the date stated above, at 5 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic & hypertensive heart disease	? 1932
Angina Pectoris	? 1932
Myocardial insufficiency	May 1934
& fracture of myocardium	?

Other contributory causes of importance:

Pulmonary infarction	2

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry D. Stetson M. D.

(Address) The Johns Hopkins Hospital

32100

01934

D. B. 1230 F 07863 F 07863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Caton Ave. St., 21-A Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Maher

(a) Residence: No. 1353 Sargeant Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hanna Maher

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 yrs			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 087

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Philadelphia
(State or country)

12. NAME William J Maher

13. BIRTHPLACE (city or town) Pennsylvania
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Pennsylvania
(State or country)

INFORMANT Jenkins Memorial Hospt.
(Address) 1000 Caton Avenue

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 12/29, 1934

UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Hollins sts

FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26th 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1st. 1934 to December 26th 1934
I last saw him alive on December 26th 1934 Death is said to have occurred on the date stated above, at 8:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arteriosclerosis ?	
Cerebral Arteriosclerosis & Psychosis	1931

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Paul G Parker M. D.

(Address) St Agnes Hosp

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07864 07864

CERTIFICATE OF DEATH

95-002
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S. Augusta Avenue St. 20-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGERY ALMIRA WARD

(a) Residence: No. 22 S. Augusta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----

DATE OF BIRTH (month, day, year) May, 25, 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	7	-1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME James A, Ward

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Eliza Catherine Driscoll

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Eliza Catherine Ward

(Address) 22 S. Augusta Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 12/29 19 34

UNDERTAKER Chas. E. Grawton & Son

(Address) [illegible]

FILED 19 [illegible]

12 9 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26 34 19

22. I HEREBY CERTIFY, That I attended deceased from 12-24-34 19 to 12-26-34 19

I last saw her alive on 12-26-34 19 Death is said to have occurred on the date stated above, at 6 30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 11-22-34
Hypostatic Pneumonia — 12-24-34

Other contributory causes of importance:

Cachexia — 7-1-34
Cardiac decompensation — 12-24-34

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George E. Horan M. D.

(Address) 819 Frederick Rd. Catonsville, Md.

c.—1-30—M. & T.—250 Blks

07865 F 07865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

REGISTERED NO. 128

1-PLACE OF DEATH

TY OF BALTIMORE: (No.) 805 Jessies ST. 17-01 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lucy Allen,

(a) RESIDENCE NO. 805 Jessies ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

Sex	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	Colored	Widowed

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, and year) July 10, 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	5	16	

CUPATION OF DECEASED

) Trade, profession or particular kind of work Laundress

) General nature of industry, business, or establishment in which employed (or employer)

) Name of employer

THPLACE (city or town) Md.
(State or country)

NAME OF FATHER John Randolph Williams

BIRTHPLACE OF FATHER (City or town) Md
(State or country)

MAIDEN NAME OF MOTHER Lucy Williams

BIRTHPLACE OF MOTHER (City or town) Md
(State or country)

nformant Carrie A. Grant
Address) 805 Jessies St

Filed 1934 Huntington Fitzhugh Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 26, 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 24, 1934, to Dec 26, 1934

that I last saw her alive on Dec 25, 1934

and that death occurred, on the date stated above, at 7.45 A.m.

The CAUSE OF DEATH* was as follows:

Acute Hemorrhagic Pancreatitis

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy?

What test confirmed diagnosis? regular

(Signed) D. F. Roller M.D.

(Address) 1703 Madeira Alley

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL 12/28/34
20 UNDERTAKER Thomas D. Brantley	ADDRESS 1918 Bank St

B 1268-9

07866 E 07866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. 15-01

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 624 N. Vincent St., 15-01 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Bessie Butler

(a) Residence: No. 624 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Elias Butler

DATE OF BIRTH (month, day, year) Feb 16 1886

Years	Months	Days	If LESS than 1 day, hrs. or min.
48	9	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 837

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

NAME OF FATHER Unknown

BIRTHPLACE (city or town) (State or country) N. C.

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Elias Butler 624 N. Vincent

BURIAL, CREMATION, OR REMOVAL Interstate Co Date Dec. 28 1934

UNDERTAKER [illegible]
(Address)

FILED [illegible] Registrar

1934 0506 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 13 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Luck M. D.
Coroner

(Address) [illegible]

D. H. 1268-9

F 07867

HEALTH DEPARTMENT—CITY OF BALTIMORE

07867 V 152

CERTIFICATE OF DEATH

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. City Hospital St., 4-01 Ward)

gth of residence in city or town where death occurred ....yrs.....mos.....ds. How long in U. S. If of foreign birth? .....yrs.....mos.....ds.

FULL NAME Anna Pratt

(a) Residence: No. 623 N Saratoga St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Unknown

married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year)

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	40			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Unknown
(State or country)

NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

MAIDEN NAME Unknown

BIRTHPLACE (city or town) Unknown
(State or country)

FORMANT

Address)

RIAL, CREMATION, OR REMOVAL

Place Mountain View Mem Park Date Dec 28 19 34

DERTAKER

Address)

ED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of R hand	
accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury 12/3, 1934

Where did injury occur? 623 N Saratoga
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Splinter of piece of Wood entering

Nature of injury Cellulitis

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) B. F. Lerza M D M. D.
Coroner

(Address) 1305 N Patterson Park

D. B 1265-9

E 07868

HEALTH DEPARTMENT—CITY OF BALTIMORE

7868

CERTIFICATE OF DEATH

✓ 164-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3400 Resterstown Rd St. (13-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) about 32 to 35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
not 32 to 35			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper Negro Race 034

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Horse Stables

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME of husband

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME of wife

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Records found on body of deceased

18. BURIAL, CREMATION, OR REMOVAL Place Druid Hill Date Dec 28 1934

19. UNDERTAKER (Address) Unknown

19 DEC 1934 20 [illegible] Registrar.

0968 [illegible] MORGUE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Frequency

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Sudden Asphyxiation by Suffocating Gas	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. O. Funk Coroner M. D.

(Address)

H. D. B. 1268-9

E 07869

07869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1 34

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., 18-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mose Walker

(a) Residence: No. 303 N. Fopleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah Walker

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 52 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME OF FATHER: Joseph Walker

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME OF MOTHER: Sophia Pierce

16. BIRTHPLACE (city or town) (State or country): Virginia

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL: Place University MD Date Dec. 28 1934

UNDERTAKER

(Address)

FILED Dec 29 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-22-1934

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1934 to Dec. 22, 1934

I last saw him alive on Dec. 22, 1934. Death is said to have occurred on the date stated above, at 7:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	one week
Hypertensive cardio-vascular renal disease	7 mo.

Other contributory causes of importance:

Tertiary syphilis

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) W. A. Warshaw, M. D.

(Address) 1838 Linwood Ave Balto Md

D. B. 1269-9

F 07870

7870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospital St., 24 (Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Arthur

(a) Residence: No. 701 W Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Emma (dead)

7. DATE OF BIRTH (month, day, year)

8. AGE: Years: 73 | Months: | Days: | If LESS than 1 day, hrs. or min.:

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

11. Date deceased last worked at this occupation (month and year): Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME OF FATHER: Thomas

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME OF MOTHER: Susana Ady.

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs Bait City Hosp

18. BURIAL, CREMATION, OR REMOVAL: Place University of Md Date Dec. 28, 1937

19. UNDERTAKER (Address):

Filed [illegible] 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 27 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7, 1932 to Dec 27, 1937

I last saw h[illegible] alive on Dec 27, 1937 Death is said to have occurred on the date stated above, at 9.20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	>
Bronchopneumonia	5 days

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) T Phaneuf, M. D.

(Address) Bait City Hosp

B 1368 F 07871 F 07871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. City Hospitals St., 17-01 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Orenzo Jones

(a) Residence: No. 608 N Fremont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Marion Jones

TE OF BIRTH (month, day, year) Jan 1 1901

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33	11	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Somerset Co Md

NAME Noah Jones

BIRTHPLACE (city or town) (State or country) Md.

MAIDEN NAME Martha

BIRTHPLACE (city or town) (State or country) Md

ORMANT Marion Jones
Address) 1360 Whitecoat St

RIAL, CREMATION, OR REMOVAL
ace Somerset Co, Md Date Dec 30, 1934

DERTAKER T. E. Nelson
Address) 1303 Presstman St

ED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3:59 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ne Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) P. P. Herzog M.D. Coroner M. D.

(Address) 1305 N Patterson Park Ave

D. B 1268-9

F 07872

HEALTH DEPARTMENT—CITY OF BALTIMORE

7872

CERTIFICATE OF DEATH

183

PLACE OF DEATH

TY OF BALTIMORE: (No. Foot of 5th St. Brooklyn 2-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 52 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 52 yrs. ----- mos. ----- ds.

FULL NAME Henry Ratajczak.

(a) Residence: No. 243 S. Regester St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

f married, widowed, or divorced, HUSBAND of XXXXXXXXXXX XXXXXXXX Matilda Ratajczak.

TE OF BIRTH (month, day, year) Do not know.

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	-----	-----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman. 062

Industry or business in which work was done, as silk mill, saw mill, bank, etc Arundel Corporatio,

Date deceased last worked at this occupation (month and year) 12/26/34

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Poland.

NAME John Ratajczak.

BIRTHPLACE (city or town) (State or country) Poland.

MAIDEN NAME Mary ---------

BIRTHPLACE (city or town) (State or country) Poland.

FORMANT Mary Regulski. (daughter)

(Address) 243 S. Regester St.

RIAL, CREMATION, OR REMOVAL

Place St. STANISLAUS, CEM. Date December 27th 1934

DERTAKER George A. Weber

Address) 725 S. Ann street

ED) 1934 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Drowning.	
Fell from a derrick.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/26, 34

Where did injury occur? Foot of 5th st. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell overboard.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

12/28/34 (Address) 1017 E. Charles st.

D. B. 1268-9

F 07873

7873 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH Balto. City Hospitals - Tuberculosis

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., 5 - C (Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Frank Young

(a) Residence: No. 424 N. Central Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) Jan. 9, 1910

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
24	11	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel worker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel mill

Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

IRTHPLACE (city or town) South Carolina
(State or country)

. NAME John

. BIRTHPLACE (city or town) South Carolina
(State or country)

. MAIDEN NAME Sarah ?

. BIRTHPLACE (city or town) South Carolina
(State or country)

FORMANT Hospital Records
(Address)

ERIAL, CREMATION, OR REMOVAL
Place Auxbury's Med Date Dec 28 . 34

NDERTAKER .....
(Address) .....

1934 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 24 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 . 1934 to Dec. 24 . 1934

I last saw him alive on Dec. 24 . 1934 Death is said to have occurred on the date stated above, at 3 25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Balto City Hospitals

D. B. 1265-9

E 07874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-001

1. PLACE OF DEATH Providence Hospital

CITY OF BALTIMORE: (No. ~~Booby Carter~~ St., 16-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Carter

(a) Residence: No. 1113½ Mount. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11-8-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~do~~ newborn

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME James Carter

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Beatrice Grant

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Beatrice Grant

(Address) 1113½ Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place University Md Date Dec 28, 1934

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar.

1934 0373

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1934, to 12-20, 1934.

I last saw him alive on 12-20, 1934. Death is said to have occurred on the date stated above, at 3½ P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina - Bifida	11/8/34
Hydrocephalus	

Other contributory causes of importance:

Meningitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C Pike Compton, M. D.

(Address) Providence Hosp.

D. B. 1268-9

F 07875

HEALTH DEPARTMENT—CITY OF BALTIMORE

07875 ✓ 108

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Mercy Hospital
CITY OF BALTIMORE: (No. 300 N. Calvert St., 16-01 Ward) — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Joseph Ricks

(a) Residence: No. 3103 Presbury St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Mrs. L. Ricks

6. DATE OF BIRTH (month, day, year) — Nov. 29, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55		29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Power Dept
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — United Railways & E. Co.
10. Date deceased last worked at this occupation (month and year) — Dec 21/1934
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) — Maryland
13. NAME OF FATHER — John Ricks
14. BIRTHPLACE (city or town) (State or country) — Germany
15. MAIDEN NAME OF MOTHER — Sara Shipley
16. BIRTHPLACE (city or town) (State or country) — Balto. Co., Md.
17. INFORMANT — Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL — Place Lorraine Cemetery Date Dec 31, 1934
19. UNDERTAKER — Harry N. Emmanuel & Son
(Address) 4204 Reisterstown Ave
20. FILED 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — 12-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-23-34, 19 to 12-28-34, 19
I last saw h[illegible] alive on 12-28-34 19 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Theodore A. Shwartz, M. D.
(Address) c/o Mercy Hospital

D. B 1268-9

FE 07876

HEALTH DEPARTMENT—CITY OF BALTIMORE

07876

CERTIFICATE OF DEATH

X 210-002

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. St Agnes Hospital St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Robt. Wendling

(a) Residence: No. Oak Park, Waltherope, Md St. ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) June 10, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. no

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md

13. NAME OF FATHER Peter J. Wendling

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME OF MOTHER Mary E. Trinder

16. BIRTHPLACE (city or town) (State or country) Balto.

17. NAME AND ADDRESS OF INFORMANT Peter J. Wendling (Address) Oak Park, Waltherope

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 12/29, 1934

19. UNDERTAKER Robert Brooks & Son (Address) Arlington & Baltimore

Filed ... 1934 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 12/27, 1934

Where did injury occur? Monumental Rd & Spring Ave (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Fell out of truck

Nature of injury Rear wheel passed over head

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny, M. D. Coroner

(Address) 2200 E Madison St

B. P. 1268-9

F 07877

07877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. Redwood & Green Sts. 17-4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Savage

(a) Residence: No. 703 N Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 6 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	16	13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) City
(State or country)

13. NAME OF FATHER Chas Williams

14. BIRTHPLACE (city or town) City
(State or country)

15. MAIDEN NAME OF MOTHER Elizabeth Savage

16. BIRTHPLACE (city or town) City
(State or country)

17. INFORMANT Leona Savage
(Address) 703 N Bruce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Dec 28 1934
19. UNDERTAKER Florence E Wyckoff
(Address) 1004 Pennsylvania Ave

Registrar.

1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-26, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-19-34, 19 , to 12-26-34, 19 .
I last saw him alive on 12-26, 1934. Death is said to have occurred on the date stated above, at 4-15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	12-18-34
Other contributory causes of importance:	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W Hare M. D.
(Address) University Hospital

B F 07878

H. D. F. 1208-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

9878

CERTIFICATE OF DEATH ✓ X 213

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH U. S. Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland. St. 12-01 Ward)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norbert P. Peltier, Jr.

(a) Residence: No. 312 East 15th St., Port Arthur, Texas Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of --

DATE OF BIRTH (month, day, year) August 5, 1907

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27	4	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wiper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

8. Date deceased last worked at this occupation (month and year) 10-22-34 to 12-12-34

11. Total time (years) spent in this occupation Unknown

9. BIRTHPLACE (city or town) (State or country) Lavadieville, La.

10. NAME Norbert P. Peltier

11. BIRTHPLACE (city or town) (State or country) Lavadieville, La.

12. MAIDEN NAME Florence Pitre

13. BIRTHPLACE (city or town) (State or country) Thibadeaux, La.

14. INFORMANT U. S. Marine Hospital Records
(Address) Baltimore, Maryland.

15. BURIAL, CREMATION, OR REMOVAL
Place Port Arthur Texas Date Dec 24 1934

16. UNDERTAKER A. Bernard Evans
(Address) 31 E. 2nd Ave

FILED 8 1934 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1934 to December 24 1934

I last saw him alive on December 24, 1934. Death is said to have occurred on the date stated above, at 10:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, left lower lobes	12-20
Other contributory causes of importance: Burns, multiple, over body	12-12

Name of operation Date of

What test confirmed diagnosis X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12/11 1934

Where did injury occur? At sea
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place aboard S.S. Pennsylvania

Manner of injury Scald by water and steam

Nature of injury Multiple burns over body

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. T. Ceder, M. D.

(Address) U. S. Marine Hospital, Balto, Md.

D. P. 1268-9

F 07879

7879

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 98

Registered No. ....

1. PLACE OF DEATH U. S. Marine Hospital, (If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. Baltimore, Maryland. S 12-01 Ward)

ngth of residence in city or town where death occurred ....yrs. 6 mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Thomas Joseph

(a) Residence: No. Lewes, Delaware St., ...Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE OF Clara Gauss Joseph

ATE OF BIRTH (month, day, year) July 28, 1856

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	5	--	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Quartermaster
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Light House Service
8. Date deceased last worked at this occupation (month and year) 9-30-31
11. Total time (years) spent in this occupation unknown

BIRTHPLACE (city or town) (State or country) Sussex Co., Del.

9. NAME Jesse E. Joseph

10. BIRTHPLACE (city or town) (State or country) Sussex Co., Del.

11. MAIDEN NAME Rachael Wingate

12. BIRTHPLACE (city or town) (State or country) Sussex Co., Del.

INFORMANT (Address) U.S.Marine Hospital Records, Baltimore, Maryland.

BURIAL, CREMATION, OR REMOVAL Place Lewes, Delaware Date Dec. 28 1934

UNDERTAKER (Address) E. Lizby Stiffler, Inc. 125 E. North Ave.

FILED 1934 ....., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 22nd, 1934. 19.... to December 28, 1934. I last saw him alive on December 28, 1934 Death is said to have occurred on the date stated above, at 12:40pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis, general	unknown
Other contributory causes of importance: Gangrenous ulcer of left foot	3-4-34

Name of operation Amputation left foot & leg Date of 9-16-34

What test confirmed diagnosis? Phys. exam. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ....Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) E. W. Townsend, M. D.

(Address) U. S. Marine Hospital, Balto. Md

ec.—1-12-23—M&T—500 Bks.

F 07880

07880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

131

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ITY OF BALTIMORE: (No. 2512 W. Fayette ST. 70-01 WARD)

2-FULL NAME George A Yeager.

(a) RESIDENCE NO. 2512 W. Fayette ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

EX: male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widower

1 married, widowed, or divorced HUSBAND of (or) WIFE of: Anna Yeager.

ATE OF BIRTH (month, day, and year): May 18 1860

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	4	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Carpenter 07

(b) General nature of Industry, business, or establishment in which employed (or employer): B & O. R.R.

(c) Name of employer

IRTHPLACE (city or town) (State or country): Pa.

0 NAME OF FATHER: Unknown.

1 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown.

2 MAIDEN NAME OF MOTHER: Unknown.

3 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown.

Informant: Anna Yeager (Address) 2512 W Fayette St

1934 . 19 . Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 27 1934

17

I HEREBY CERTIFY, That I attended deceased from Nov 24 . 1934 . to Dec 27 . 1934 .

that I last saw he alive on Dec 26 . 1934 .

and that death occurred, on the date stated above, at 5:10 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis and Coronary Ulcer of Both Legs.

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary): Uremia

(duration) yrs. mos. 4 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Symptoms.

(Signed) Raymond Adams, M. D.

Dec 28 1934 (Address) 2708 Hollins Ferry Rd.

*State the Disease Causing Death, or In deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto

DATE OF BURIAL: Dec 29-1934

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

D. P. 1203-9

F 07881

7881

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-001

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Balt. Baltimore General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. St. 7-4 (Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Robert~~ Robert Bothwell

(a) Residence: No. 1637 Bell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) January 18 - 1909

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	10	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year) Dec 1934 | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West Virginia

12. NAME Robert Bothwell

13. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Lillie Ritter

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Robt Bothwell
(Address) 1637 Bell St.

BURIAL, CREMATION, OR REMOVAL
Place Winchester Va Date 12/31 1934

UNDERTAKER H. McCulley & Son
(Address) 618 East Hoffman St.

FILED 1934 Number 1077

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934 to Dec 28 1934

I last saw him alive on Dec 28 1934 Death is said to have occurred on the date stated above, at 7.55 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial failure — Date of onset

Other contributory causes of importance: Rheumatic Mitral insufficiency & Stenosis

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Webb M. D.

(Address) 1213 Light St.

D. H. 1268-9

F 02882

7882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2614 Greenmount Ave 2-81 Ward)

gth of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Ada F. Smith

(a) Residence: No. 2614 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
male	White	Widowed

(~~married~~ widowed, or ~~divorced~~
~~HUSBAND OF~~ (or) WIFE of William M. Smith 1869

ATE OF BIRTH (month, day, year) Jan 18 ~~1868~~

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
66	66	11	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 40

IRTHPLACE (city or town) (State or country) Carroll Co. Md

. NAME Henry Hiltenbrick

. BIRTHPLACE (city or town) (State or country) Carroll Co Md

. MAIDEN NAME Reamista Shoemaker

. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FORMANT Herman H. Smith

(Address) 3509 Chestnut Ave

RIAL, CREMATION, OR REMOVAL

Place Parkwood Date Dec 31st 1934

NDERTAKER Wm Cook

(Address) 1217 St Paul St

D 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1934 to Dec 28 1934

I last saw her alive on Dec 27 1934. Death is said to have occurred on the date stated above, at 7:45 a m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction — Date of onset
Tympanites with
Chronic Ileus
Lipothymia

Other contributory causes of importance:

Intestinal Obstruction
Lipothymia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) R O Cannon M. D.

(Address) 1701 N. Carolina at

(Carter)

07883 E 07883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 326 E 20½ d ST. (12-01 WARD)

2-FULL NAME Lonnie Carter

(a) RESIDENCE NO. 326 E 20½ d ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced, (write the word): married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Dezion Carter

DATE OF BIRTH (month, day, and year): Mar. 1 - 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min
44		9	25	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): None

(c) Name of employer

BIRTHPLACE (city or town) (State or country): South Carolina

10 NAME OF FATHER: unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown

12 MAIDEN NAME OF MOTHER: Carrie Wells

13 BIRTHPLACE OF MOTHER (city or town) (State or country): South Carolina

Informant: Douglas Carter

(Address) 326 E 20½ St

Filed 1934, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Dec 26 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 22, 1934, to Dec 26, 1934, that I last saw h[e] alive on Dec 26, 1934, and that death occurred, on the date stated above, at 4:10 a m.

The CAUSE OF DEATH* was as follows:

1 Lobar Pneumonia

(duration) yrs. mos 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) R. G. Johnson, M. D.

, 19 (Address) 2224 Fairmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Bur

DATE OF BURIAL: 12/29 1934

UNDERTAKER: Raynor Sanders

ADDRESS: 1436 Preston St

F 07884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53

1. PLACE OF DEATH: Baltimore City Hospitals — Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: John T. Smith

(a) Residence. No. 4979 Edgewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Eva Smith

DATE OF BIRTH (month, day, year): Oct 2, 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
85	84	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): "

11. Total time (years) spent in this occupation: "

BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Jones Smith

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Hannah Cook

16. BIRTHPLACE (city or town) (State or country): Maryland

INFORMANT: Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL: Date Dec 31, 1934

UNDERTAKER: E. Kenworthy Sons
(Address) 361-5-11 E. Baltimore

FILED 1934 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1934 to Dec 27, 1934 last saw h/ alive on Dec 27, 1934 death is said to have occurred on the date stated above at 12 Noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	?
Cancer	?
Nephritis Chronic	

Other contributory causes of importance:

Cerebral Hemorrhage	Dec 27, 1934
Metastatic Cancer of Liver	

Name of operation: Thyroidectomy Date of: July 28, 1934

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Groff M. D.

(Address) Balto City Hospitals

M. D. H. 1268-9

F 07885

07885

HEALTH DEPARTMENT—CITY OF BALTIMORE

46

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3127 W Virginia Ave St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Harry L. Parks

(a) Residence: No. 3127 W Virginia Av St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Mary E. Parks

DATE OF BIRTH (month, day, year) Feb. 18 - 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co

13. NAME John Parks

14. BIRTHPLACE (city or town) (State or country) Balto Co

15. MAIDEN NAME Sallie Armstrong

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mary E. Parks

(Address) 3127 W Virginia Ave

BURIAL, CREMATION, OR REMOVAL Balto Co

Place Jessups Church Date Dec 30, 1934

UNDERTAKER H. S. Marshall

(Address) 3529 Falls Rd

1934 Hamilton Station Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1934 to Dec. 27, 1934

I last saw him alive on Dec. 26, 1934 Death is said to have occurred on the date stated above, at 12-30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	9-15-34

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James L Ashurst M. D.

(Address) 1012 Park Hughes ave

F. D. B. 1268-9

MF 07886

HEALTH DEPARTMENT—CITY OF BALTIMORE

7886

CERTIFICATE OF DEATH

210-001

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 19-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Turner Jr.

(a) Residence: No. 211 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Sept. 7, 1926

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
8	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Samuel Turner Sr.

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME Lillian Shennhaus

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Samuel Turner
(Address) 1203 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 12/31, 1934

19. UNDERTAKER Eugene Payne
(Address) 1721 Edmondson Ave

20. Filed 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:35 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile accident	

Name of operation Decompression Date of 12/27/34

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/25, 1934
Where did injury occur? Fayette nr. Schroeder St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place street accident
Manner of injury struck by auto while walking across street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Fred L. Peary Coroner, M. D.
(Address) 2202 E Madison St.

H. D. B. 1268-9

F 07887

HEALTH DEPARTMENT—CITY OF BALTIMORE

7887 46

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 2803 Goodwood Rd. (or) 27-61 (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida V Fretwell

(a) Residence: No. 2803 Goodwood Rd. St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jesse O Fretwell

DATE OF BIRTH (month, day, year) Feb. 4-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Mrs. P Whitten

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Hunter Fretwell

(Address) 2803 Goodwood Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/29 1934

19. UNDERTAKER John J Mooney

(Address) 3000 E. Baltimore St.

20. FILED 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1934 to Dec 27 1934

I last saw him alive on Dec 27 1934 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cortex	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Kyle Taylor, M. D.

(Address) 2702 Hampden Blvd.

D. B. 1268-9

07888 HEALTH DEPARTMENT—CITY OF BALTIMORE 07888

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 206 Goodwood Gardens St., 9-01 Ward)

Length of residence in city or town where death occurred 65 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto Henry Bruggeman

(a) Residence: No. 1748 Carswell Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret T. Benzel

7. DATE OF BIRTH (month, day, year) Dec. 6, 1855.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 084

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Otto Bruggeman (Son)
(Address) 1748 Carswell Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date Dec. 31, 1934

19. UNDERTAKER [illegible]
(Address) 1B [illegible]

20. FILED DEC 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27th, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Fracture Base of Skull
Fall from a Ladder
Accidental

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident Date of injury 12/27 ..... 1934.

Accident, suicide, or homicide?

Where did injury occur 206 Goodwood Gardens
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Working on house at 206 Goodwood Gardens Accident.

Manner of injury Fell from a Ladder

Nature of injury Fracture base of skull

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [signature] M. D.
(Address) 3632 Roland Ave

D. H. 1268-9

7889

HEALTH DEPARTMENT—CITY OF BALTIMORE

7889

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. City Hospital St., 26-91 Ward)

ength of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph A. Debelius

(a) Residence: No. 5823-Radio Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) 6/15/34

7. AGE Years	Months	Days	If LESS than 1 day XXXXXX or min.
-	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Franklin A. Debelius

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret M. (Gillen)

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Margaret M. Debelius
(Address) 5823-Radio Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 12/31/34

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 .....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 6:50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1305 N Patterson Park Ave

M. D. B. 1208-9

E 07890

HEALTH DEPARTMENT—CITY OF BALTIMORE

07890

CERTIFICATE OF DEATH

93-003

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1624 N. Fulton Ave. 45 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Jane M. Farrow

(a) Residence: No. 1624 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
One Female	White	Married

6. If married, widowed, or divorced WIFE of (~~HUSBAND~~) James J. Farrow

DATE OF BIRTH (month, day, year) Not known

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	61	—	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Michael Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Farfillen

16. BIRTHPLACE (city or town) (State or country) Scotland

INFORMANT Mrs Jane Deverell

(Address) 1809 Walbrook Ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Cemetery Date Dec. 31 1934

UNDERTAKER Henry Troth Sons Inc

(Address) 1134 E. Fayette St.

FILED Dec 31 1934 Huntington Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1934 to Dec 27 1934

I last saw her alive on Dec 26 1934 Death is said to have occurred on the date stated above, at 7.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1 yr
Arteriosclerosis	

Other contributory causes of importance:

Pulmonary Embolism	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. A. Finn M. D.

(Address) 1500 N. Broadway

M. D. B. 1268-9

07891 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07891

CERTIFICATE OF DEATH

94-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hospital for Women of Maryland St. 12-21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. 10 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 51 10 25

2. FULL NAME Elizabeth Guest Keech

(a) Residence: No. 2624 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb. 2 1883

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or.....min.
51	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins

10. Date deceased last worked at this occupation (month and year) 5 years ago

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Cyril Warren Keech

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Grace Guest

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Grace Guest Keech (wife)
(Address) 2624 St Paul St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 29 1934

UNDERTAKER Howard J. Owen Co.
(Address) 1061 N. Howard St.

29 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24, 1934, to Dec. 27, 1934

I last saw her alive on Dec. 27, 1934. Death is said to have occurred on the date stated above, at 5.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Dec 23

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did Injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.....

(Signed) Beverley L. Compton, M. D.

(Address) Womans Hosp

D. B. 1201-9

07892

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07892

108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1130 Harner St. St. 21-01 Ward)

gth of residence in city or town where death occurred 0 yrs 11 mos 18 ds. How long in U. S. If of foreign birth? ..... yrs ..... mos ..... ds.

FULL NAME Elsie Thomas.(C)

(a) Residence: No. 1130 Harner St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
enale	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

ATE OF BIRTH (month, day, year) January 10, 1934

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	11	18	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME Samuel Thomas.(C)

BIRTHPLACE (city or town) (State or country) Maryland.

MAIDEN NAME Novella Gale.(C)

BIRTHPLACE (city or town) (State or country) Maryland.

FORMANT Samuel Thomas.(C) father.
(Address)

RIAL, CREMATION, OR REMOVAL

Place Interment Date 12/29 19

DERTAKER Walter B. Lewis & Son

(Address) 1317 W. Baltimore St.

C 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) December 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... Death is said I last saw h..... alive on ....., 19..... to have occurred on the date stated above, at 5 a.m. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	

Other contributory causes of importance: corr

Name of operation None Date of

What test confirmed diagnosis Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Otto M. Reinhardt Coroner, M. D.

12/29/34 (Address) 1017 E. Charles st.

D. B. 1268-9

✓ F 07893

07893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Cy Hospital St., 18-21 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert L. Brown

(a) Residence: No. 1107 Cloney St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 12, 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	10	14	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) South Carolina
(State or country)

13. NAME Robert

14. BIRTHPLACE (city or town) S. C.
(State or country)

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) S C
(State or country)

INFORMANT Records Balt Cy Hosp
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Dec. 29, 1934

UNDERTAKER Mrs Lillie R. Williams
(Address) 322 N. Stricker St.

1934 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27, 1934 to Dec 26, 1934

I last saw h[illegible] alive on Dec 26, 1934 Death is said to have occurred on the date stated above, at 12:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease, arteriosclerotic	?
Myocardial Insufficiency	1 hr ago
& failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Phagan, M. D.

(Address) Balt Cy Hosp

M. D. P. 13684

F 07894

HEALTH DEPARTMENT—CITY OF BALTIMORE

07894

CERTIFICATE OF DEATH

95-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 681 Mulberry St., 4-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. Stillwell

(a) Residence: No. 681 Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col'd	Mar.

6. If married, widowed, or divorced WIFE of Mary Stillwell

DATE OF BIRTH (month, day, year) 1862

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacco Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation. ?

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm Stillwell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Mary Stillwell
(Address) 681 Mulberry

BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Dec. 31, 1934

UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

FILED Dec 31 1934 Huddington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 10 1934 to Dec 26 1934

I last saw h alive on Dec 26 1934 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Dis Heart	?

Other contributory causes of importance:

Pulmonary Edema

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Norwood Jr M. D.

(Address) 4049 N Fayette

M. D. B. 1268-0

✓ F 07895

07895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jenkins Memorial 15-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Walter Bernard Rial

(a) Residence: No. 2011 clifton avenue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 31 1918

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	1	2827	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto. (State or country) Md

12. NAME Bernard W Rial

13. BIRTHPLACE (city or town) Balto. (State or country) Md

14. MAIDEN NAME Almira Hennard

15. BIRTHPLACE (city or town) Balto. (State or country) Md

16. INFORMANT Mr Bernard W Rial

(Address) 2011 clifton ave

17. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Dec 31 1934

18. UNDERTAKER Wm J Tucker & Sons

(Address) North & Penn Aves

19. FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1 1934 to Dec 28 1934

I last saw h alive on Dec 28 1934 Death is said to have occurred on the date stated above, at 7 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Muscular Dystrophy (Juvenile Type)	1925
Acute Bronchitis	12/22/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon Kemp M. D.

(Address) St Agnes Hosp

D. P. 12684

17896

HEALTH DEPARTMENT—CITY OF BALTIMORE

17896

CERTIFICATE OF DEATH

× 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12-01 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr William J. Richardson

(a) Residence: No. Hillside Ave & York Road, St., Towson, Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie Irene Hancock

DATE OF BIRTH (month, day, year) Jan 12, 1870

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	11	15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly advertising Salesman.

9. Date deceased last worked at this occupation (month and year) 3 years ago.

10. Total time (years) spent in this occupation 25 yrs

11. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

12. NAME C. Herbert Richardson

13. BIRTHPLACE (city or town) (State or country) Baltimore Md.

14. MAIDEN NAME Anna Virginia Jessop.

15. BIRTHPLACE (city or town) (State or country) Ashland Baltimore County Maryland.

16. INFORMANT Raymond P. Allen.

(Address) York and Hillside Road.

17. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 29 1934

18. UNDERTAKER The Frazier Funeral Home

(Address) 1934 Pennsylvania Ave

19. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934 to Dec. 27 — 1934.

I last saw him alive on December 27, 1934 Death is said to have occurred on the date stated above, at 9:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix.	12/18/34
Peritonitis (Generalized)	12/18/34

Other contributory causes of importance:

Enterostomy

Name of operation Appendectomy ? Date of 11-21-34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles F. Costley Jr. M. D.

(Address) Union Memorial Hospital

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07897

07897

CERTIFICATE OF DEATH

186-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 Jefferson St St. 6-01 Ward)

Length of residence in city or town where death occurred 51 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Marie Prucha

(a) Residence: No. 2435 Jefferson St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Prucha

DATE OF BIRTH (month, day, year) Not Known

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bohemia

NAME Joseph Zeleny

BIRTHPLACE (city or town) (State or country) Bohemia

MAIDEN NAME Anna Kortes

BIRTHPLACE (city or town) (State or country) Bohemia

INFORMANT Paulina Hudak
(Address) 2435 Jefferson St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Dec. 31 19 34

UNDERTAKER Frank Cusch & Son
(Address) 1906 Ashland avenue

DEC 29 1934 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27/34 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.10 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage due to	
Fracture skull	Dec 27

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Injury Dec 27 19

Where did injury occur? In home Balto., Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell down stairs 1st floor

Manner of injury to basement

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. J. Haun Coroner, M. D.

(Address) 506 E Monument

. D. B. 1368-9

F 07898

07898 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 159

Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL St., 26-01 Ward)

ITY OF BALTIMORE: (No. BALTIMORE MD.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ength of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Pfadenhauer.

(a) Residence: No. 3708 Hudson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Dec 14, 1934.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14 hrs		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) —

12. NAME Johann Pfadenhauer

13. BIRTHPLACE (city or town) (State or country) Balto. Md

14. MAIDEN NAME Veronica Helfer

15. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Johann Pfadenhauer

(Address) 3708 Hudson St.

BURIAL, CREMATION, OR REMOVAL

Place Laurel, Md. Date Dec. 29, 1934

UNDERTAKER Lilly & Zeiler Inc

(Address) 4101 Pennsylvania Ave

1934 Huntington Station, Md. Dec 29 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 18, 1934, to Dec 28, 1934

I last saw him alive on Dec. 28, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	8 mos.

Other contributory causes of importance:

Mother Died Of Eclampsia.

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify —

(Signed) J. J. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1268-0

E 07899

07899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Patrick Winn

(a) Residence: No. 108 N. Front St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78		9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Records Balt City Hosp.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Dunkard Date 12/29 1937

UNDERTAKER J. F. Mahoney Son

(Address) 318 Light St

FILED 1938 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1937 to Dec 27, 1937

I last saw him alive on Dec 27 1937 Death is said to have occurred on the date stated above, at 9-00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Years ?
Arteriosclerosis	

Other contributory causes of importance:

Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I. Phazier, M. D.

(Address) Balt City Hosp

H. D. B 1268-9

F 07900

HEALTH DEPARTMENT—CITY OF BALTIMORE

07900

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Lorretta Avenue St., 20-01 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Hagner

(a) Residence: No. 2608 Lorretta Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of John F. Hagner

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	50			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Henry Pope

14. BIRTHPLACE (city or town)
(State or country) Germany

15. MAIDEN NAME Mary Pope

16. BIRTHPLACE (city or town)
(State or country) Germany

INFORMANT John Hagner (son)
(Address) 2608 Lorretta Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date 12/31 '34

UNDERTAKER Wm F Barker
(Address) 1536 Pulaski Hwy

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on Inquiry 19..... Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Embolism	Dec 28 1934
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) J. H. C. Uhrbrock Coroner, M. D.

(Address) 16 South Broadway

F 07901

HEALTH DEPARTMENT—CITY OF BALTIMORE

7901

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH Union memorial Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12-01 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Dr. Ashwell C. Brewer (Brewer)

(a) Residence: No. 3915 Clovehill Road, city St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A. Seerna

DATE OF BIRTH (month, day, year) Nov 6. 1870

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 155

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Penn.

13. NAME Joseph Brewer

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Mary Dennison

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary A. Seerna
(Address) 3915 Clovehill Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date Dec 31, 1934

19. UNDERTAKER John C. Mitchell Funeral
(Address) 1400 Eutaw Place

20. FILED ... 19... Registrar.

1034

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-25, 1934 to 12-27, 1934

I last saw him alive on 12-27, 1934 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bi Lateral Bronchial Pneumonia	12-23-34
Other contributory causes of importance:	

Name of operation none Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles H. Conley M. D.

(Address) Union Memorial Hospital

F 07902

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07902

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Edgewood St. 16-01 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabella S. Turner

(a) Residence: No. 609 Edgewood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced HUSBAND of (or) WIFE of 1st. J Kumer 2nd. Turner

DATE OF BIRTH (month, day, year) April 4, 1841

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kent Co. Md.

13. NAME Wm. Constable

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mummy

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Mr. W. C. Skinner

(Address) 1301 Linden Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 12/29/34 19

UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place

1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/27/34. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10. 1917. to Dec 26. 1934

I last saw her alive on Dec 26. 1934 Death is said to have occurred ~~on the date stated above~~, at 1:30 a. m. Dec 27/34

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Dec 25/34

Other contributory causes of importance:

Hypostasis	1917
Pernicious anemia	1932
Chronic nephritis	1917

Name of operation [illegible] Date of [illegible]

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm A Luetscher M. D.

(Address) 12 E. Eager St.

F 07903

H. D. B. 1268-9

07903 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2711 St. Paul St. St., 12-01 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clemena L. Robinson

(a) Residence: No. 2711 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 17. 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 068

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

13. NAME James S. Robinson

14. BIRTHPLACE (city or town) (State or country) A.A. Co. Ms.

15. MAIDEN NAME Armanella Shipley

16. BIRTHPLACE (city or town) (State or country) A.A. Co. Md.

INFORMANT Helen E. Robinson

(Address) 2711 St. Paul St.

BURIAL, CREMATION, OR REMOVAL

Place SHIPLEYS A.A.CO. MD. Date Dec 29.1934

UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27.1934 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1934, to Dec 27, 1934

I last saw her alive on Dec 26, 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	2 yrs
Other contributory causes of importance:	
Senility	Dec 19

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M Bernard Kyd, M. D.

(Address) 2216 Garrison Ave

F 07904

H. D. B 1268-9

07904

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 302 S. Madeira St. St., 1-01 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Wladyslawa Purzycka

(a) Residence: No. 302 S. Maderia St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Antoni Purzycki

DATE OF BIRTH (month, day, year) June 6, 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

12. NAME Jakob Janowski

13. BIRTHPLACE (city or town) (State or country) Poland

14. MAIDEN NAME Mary Burzynska

15. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Antoni Purzycki

(Address) 302 S. Maderia St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date Dec. 31, 1934

UNDERTAKER F. W. Ozazewski

(Address) 1930 Eastern Ave.

1934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to Dec. 28, 1934

I last saw her alive on Dec. 28, 1934 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	12-28-34
Chronic Myocarditis	July 10 1932
Other contributory causes of importance: Cardiac Emphysema	12-1-33.

Name of operation Date of

What test confirmed diagnosis? P.S. & S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John V. Szczubicki M. D.

(Address) 1802 Eastern Ave

M. H. B. 1260-0

F 07905

07905 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3-61 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Hermingstar

(a) Residence: No. 411 N. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) [illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation Life

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 12/29 1934

UNDERTAKER J. J. Feaney Son
(Address) 318 Eastern Ave.

[illegible] Registrar

01934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 23 1934

22. I HEREBY CERTIFY, That I attended deceased from May 27 1934 to Dec 23 1934

I last saw her alive on Dec 22 1934 and that death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 yr ago

Other contributory causes of importance:

Bronchopneumonia	8 days

Name of operation Biopsy Date of 11/17/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel A. Level M. D.

(Address) Balto City Hospitals

H. D. FORM 4 07906 F 07906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X Y 14-002

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6-01 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Dan Wilson

(a) Residence: [redacted] Fairview, W. Va. [redacted]
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Wilson

DATE OF BIRTH (month, day, year) July 2, 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	5	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Door-to-door selling

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME Grant Wilson

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Mary Shriver

16. BIRTHPLACE (city or town) (State or country) W. Va.

INFORMANT Hospital records
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Interment Wdln Date Dec. 29 1934

UNDERTAKER McPhee & Jones Inc.
(Address) 424 S. Broadway

[illegible] 1934 [illegible] Registrar

201934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1934 to Dec. 29, 1934

I last saw him alive on Dec. 29, 1934 Death is said to have occurred on the date stated above, at 5PM A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia, postoperative	12-16-34
Other contributory causes of importance:	
Empyema, post-operative	12-11-34

over

Name of operation Lobectomy of lung, lower right, for lung abscess Date of 12-11-34

What test confirms diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Hugh C. Ilgenfritz, M. D.

(Address) Church Home & Infirmary

F 07907

F 07907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 W. Lombard St. 4-01 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME CHARLES ZOLENAS

(a) Residence: No. 703 W. Lombard St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

If married, widowed, or divorced HUSBAND of (or) WIFE of ONA (KRAKAUSKAS) ZOLENAS

DATE OF BIRTH (month, day, year) 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81 YEARS			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OPERATOR TAILOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MEN'S CLOTHING

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 50 YRS

BIRTHPLACE (city or town) (State or country) LITHUANIA

13. NAME ANTANAS ZOLENAS

14. BIRTHPLACE (city or town) (State or country) LITHUANIA

15. MAIDEN NAME ALZBETA CHESNA

16. BIRTHPLACE (city or town) (State or country) LITHUANIA

INFORMANT ANNA ZOLENAS (DAUGHTER)

(Address) 703 W. Lombard ST

BURIAL, CREMATION, OR REMOVAL

Place Cathedral cemetery Date 12/31/34 19

UNDERTAKER Chas B. Kirchhausen

(Address) 637 S. Paca St

FILED 19 Harrington Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from DEC 26, 1934, to DEC 28, 1934

I last saw him alive on DEC 28, 1934 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

BRONCHOPNEUMONIA — Date of onset 12-26-34

Other contributory causes of importance:

INFLUENZA — 12-22-34

MYOCARDITIS — 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) Edward J. Milan M. D.

(Address) 682 WASHINGTON BLVD.

H. D. B. 1268-9 F 07908 F 07908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3704 Fairview Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred 72 yrs. 3 mos. 13 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward S. Addison

(a) Residence: No. 3704 Fairview Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Eliza E. McCauley

DATE OF BIRTH (month, day, year) Sept. 16. 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. B & O. R.R. Depart.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreign Freight

10. Date deceased last worked at this occupation (month and year) 07

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George M. Addison

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret Grubb

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Eliza E. Addison

(Address) 3704 Fairview Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec. 29. 1934

UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1. 1934 to Dec 27. 1934

I last saw him alive on Dec 22. 1934 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis coronary artery	Dec 27-

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) 2 W. Read St.

M. D. B. 1268-9 F 07909 F 07909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 94-002

Registered No. .....

1. PLACE OF DEATH Union Hospital St., 4-a Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Stedman Badgett

(a) Residence: No. 1006 Magruder Ave. St., ... Ward Catonsville

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Oct. 21, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. of Md. Hospital

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 03, 25 yrs. Dec.

BIRTHPLACE (city or town) (State or country) North Carolina (Hillsboro)

13. NAME Wm. S. Badgett

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Marie F. Lynch

16. BIRTHPLACE (city or town) (State or country) N. C.

INFORMANT Alice S. Badgett

(Address) 1006 Magruder Ave. Catonsville

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Dec 31. 1934

UNDERTAKER John O. Mitchell & Son

(Address) 910 Eutaw Place

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1934 to Dec. 29, 1934

I last saw him alive on Dec. 29, 1934 Death is said to have occurred on the date stated above, at 11.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	12/29/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Vernon Langhelter, M. D.

(Address) Union Hosp.

M. D. B. 1268-a F 07910 F 07910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1238 Hull St. 24-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret V. Cadden
(a) Residence: No. 1238 Hull St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Anthony F. Cadden

7. DATE OF BIRTH (month, day, year): March 7 70

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md
13. NAME: Michael Burns
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Bridget McLaughlin
16. BIRTHPLACE (city or town) (State or country): Ireland
17. INFORMANT: Robt. C. Cadden
(Address): 1238 Hull St.
18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: 12/31 1934
19. UNDERTAKER: Margaret Flynn
(Address): 1422 [illegible] St.
20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28, 1934, to Dec. 28, 1934
I last saw h... alive on Dec 27, 1934 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation decompensated	3 mo
Acute Edema	1 d
Hypostatic	1 d

Other contributory causes of importance; Chronic Pneumonia Nephritis | 1 yr

Name of operation: none Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [illegible] M. D.
(Address)

M. D. B. 1268-9 F 07911

F 07911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No. 8-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 E Lafayette St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida A M. Fee

(a) Residence: No. 1613 E Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Louis M Fee

6. DATE OF BIRTH (month, day, year) Sept 11 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fredericksburg Md

13. NAME Henry Baumgardner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Susanna Rohrbaugh

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs Ira Emmert

(Address) 1613 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 12/31 1934

19. UNDERTAKER Maynard & Hoffman

(Address) 1423 Pennsylvania Ave

FILED 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1934 to Dec 28, 1934

I last saw her alive on Dec 27, 1934. Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	Dec 24
Other contributory causes of importance; Myocarditis chronic Nephritis chronic	7 1

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alan B Pressman M. D.

(Address) 718 N Fulton Ave

H. D. B 126

F 07912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 07912

94-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3700 Gwynn Falls Parkway St. 45 Ward)
Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alan L. Levy
(a) Residence: No. 3700 Gwynn Falls Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male | 4. COLOR OR RACE White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed or divorced, HUSBAND of (or) WIFE of Gertrude Levy

DATE OF BIRTH (month, day, year) March 13 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Dec. 28 1934

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Mount Royal Md.

13. NAME OF FATHER Alan Levy

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME OF MOTHER Elizabeth Hagan

16. BIRTHPLACE (city or town) (State or country) Portland Me.

17. INFORMANT Gertrude Levy
(Address) 3700 Gwynn Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Valley Date Dec. 30 1934

19. UNDERTAKER Reisd Longhurst & Son
(Address) 1702 Eutaw Place

Dec 31 1934 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. Leo Lurie M. D.
Coroner
(Address) ...

M. D. B 1268-6 F 07913

F 07913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2914 Chelsea Ter 5-01 St., 45-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernhard Schmineke

(a) Residence: No. 2914 Chelsea Ter St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. COLOR OR RACE: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Magdalene Schmineke

DATE OF BIRTH (month, day, year): Feb 28 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Mfg Jeweler 038

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Herman Schmineke

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Anna Endorff

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Henry B Schmineke
(Address): 3612 Clarke Rd

BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Dec 31st 19 34

UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

DEC 30 1934 Huntington W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 29th, 1934

I HEREBY CERTIFY, That I attended deceased from ... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Sudden

Date of onset: ...

Other contributory causes of importance:

Name of operation: ... Date of: ...

What test confirmed diagnosis: ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... Coroner, M. D.

(Address) ...

M. D. P 1268-F 07914

F 07914

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 921 W Lanvale St., 46-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town, where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James M. Anderson

(a) Residence: No. 921 W Lanvale St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Nannie Anderson

DATE OF BIRTH (month, day, year): Feb 22-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70	10	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 063

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Lebanon Co Pa

13. NAME: John Anderson

14. BIRTHPLACE (city or town) (State or country): Macon Ga

15. MAIDEN NAME: Elizabeth Burrie

16. BIRTHPLACE (city or town) (State or country): Macon Ga

INFORMANT: Nannie Anderson

(Address): 921 W Lanvale

BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Dec 31 19 34

UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

FILED: Jan 6 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year): Dec 29 1934

I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Chronic Myocarditis	6 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. O. Luck Coroner M. D.

(Address) .....

F 07915

F 07915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Caroline St., 8-01 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie M. Hornbeck

(a) Residence: No. 1817 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

If ~~married~~ widowed, ~~or divorced~~
(or) WIFE of Lee Hornbeck

DATE OF BIRTH (month, day, year) Feb 26th 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	1	

5. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Shocan N. Y.

13. NAME John E. Merriken

14. BIRTHPLACE (city or town) (State or country) Shocan N. Y.

15. MAIDEN NAME Lora Wagner

16. BIRTHPLACE (city or town) (State or country) N. Y. State

INFORMANT Mrs Samuel A. Hardman

(Address) 1811 N. Caroline St.

BURIAL, CREMATION, OR REMOVAL

Place Maryland Burial Date Dec 31st 1934

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED Dec 31 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27th 1934

22. I HEREBY CERTIFY, That I attended deceased from 1927- Aug. 19..... to Dec 27th 19 34

I last saw her alive on Dec 26th 1934 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic arteriosclerosis
Cardiac Hypertrophy and
Hypertension
Aortic insufficiency
Arterial thrombosis

Date of onset

Other contributory causes of importance:

Scirrhus carcinoma Pt
Liver & metastasis
Obesity

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify —

(Signed) Walter C. Merkel, M. D.

(Address) Med Arts Bldg.

M. D. P. 1268-3

F 07916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07916

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital. Registered No. 108

CITY OF BALTIMORE: (No. [illegible] St. 25-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. 1 mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William E. Miles.

(a) Residence: No. Paradise Rd Catonsville Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Miles

DATE OF BIRTH (month, day, year) Nov 6-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Spring Grove Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Wm. Miles

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary M. Lee

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Mrs Mary C. Miles Catonsville Md.

BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date Jan 2 1935

UNDERTAKER Chas. P. Bradshaw (Address) 113 W. Mt. Royal Ave

FILED [illegible] 1935 Registrar [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934 to Dec 29 1934

I last saw him alive on Dec 29 1934 Death is said to have occurred on the date stated above, at 2 30 a m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 12/23/34

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Carl G Dorsal M. D.

(Address) St Agnes Hosp.

M. D. B 126 F 07917 F 07917

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 Ridgewood Ave St., 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Evans

(a) Residence: No. 2903 Ridgewood Ave St., ... Ward. Ft. Marshall Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Dallas Evans

7. DATE OF BIRTH (month, day, year) Oct. 7, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	2	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

13. NAME Thomson Yates

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co. Md.

15. MAIDEN NAME Moore

16. BIRTHPLACE (city or town) (State or country) St Mary's Co, Md.

INFORMANT Mrs. J. Ford Yates

(Address) 2903 Ridgewood Ave Md.

17. BURIAL, CREMATION, OR REMOVAL

Place St. Michaels Cem Ridge Date 12/28 1934

UNDERTAKER C. Vernon Lampen

(Address) 7611 Park Heights

DEC 29 1934

(Signature) ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1934 to Dec 34 1934

I last saw her alive on Dec 26 1934. Death is said to have occurred on the date stated above, at 7:20A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonalis	?
Other contributory causes of importance:	
Chr Endocarditis	?

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) L. McCarthy M. D.

(Address) 1114 Harpster Ave

M. D. F. No. F 07918

F 07918

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-002

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 5511 Bosworth St. 28-01 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Fiege

(a) Residence: No. 5511 Bosworth St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write word): Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 24 1916

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	2	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Chicago Ill.

13. NAME OF FATHER Leo Fiege

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME OF MOTHER Rose A Hissel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs John Huegman

(Address) 731 N. Lakewood Ave

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 12/31/ 1934

UNDERTAKER John J Conway & Son

(Address) 1901 Hollins St.

FILED ... 19 ... Registrar

DEC 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Disease and Dilatation of heart	Sudden

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. C. Finch M. D.
Coroner

(Address)

M. D. P. 1268-3

F 07919

F 07919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH St Agnes Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St. 70-81 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Thomas Stapleton

(a) Residence: No. 1839 N. Fairmount Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cecilia Stapleton

DATE OF BIRTH (month, day, year) Feb 9 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48		10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boiler Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt

13. NAME Thomas Stapleton

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Annie Appleton

16. BIRTHPLACE (city or town) (State or country) Ire

INFORMANT Cecilia Stapleton

(Address) 1839 N Fairmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Interred Date 12/31/ 19 37

UNDERTAKER John A Horgan

(Address) 3004 Balto St.

FILED 19 Registrar

30 1934 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-28-1934 to 12-28-1934

I last saw him alive on 12-28-1934. Death is said to have occurred on the date stated above, at 12 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1 Year
Metastasis to liver	6 Mon.
Generalized Carcinomatosis	1 Mo
Other contributory causes of importance:	
Ascites	2 wks.
Cardiac Failure	12/27.

Name of operation Exploratory Date of 10/23/34

What test confirmed diagnosis? Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Parkes M. D.

(Address) Dr Agnes Hospital

M. D. B. 1268-9

F 07920

F 07920

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 18-01 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lala Crist

(a) Residence: No. 107 S. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	M.

6a. If married, widowed, or divorced (or) WIFE of Geo. S. Crist

DATE OF BIRTH (month, day, year) Nov. 20 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ky

13. NAME August F. Stromm

14. BIRTHPLACE (city or town) (State or country) Ky

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Geo. S. Crist

(Address) 107 S. Schroeder St

BURIAL, CREMATION, OR REMOVAL

Place 12/31/34 Greenmount cem

UNDERTAKER John J. Doran

(Address) 3000 E. Baltimore St

01934 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-27-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-23-34, 19..., to 12-27-34, 19...

I last saw h[illegible] alive on 12-27-34, 19... Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 12-20-34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Carl Koons, M. D.

(Address) University Hospital

M. D. B. 1268-9 F 07921

F 07921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 W La Fayette St 19-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rose Clark

(a) Residence: No. 1633 W La Fayette St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 670

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unk

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME .....

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Gladys Black

(Address): 1633 W Lafayette

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 12/30/34

UNDERTAKER: Mrs. Lizzie C. Holland

(Address): 1617 Druid Hill Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28th 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Lundaka	

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leich M. D.

Coroner

(Address) Coroner

Spec.—1-10-21—M.S.—150

T 07922

F 07922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

108

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 700 N. Arlington Ave ST. 16-01 WARD)

2-FULL NAME Minnie E. Folson

(a) RESIDENCE NO. 700 N Arlington Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard Folson

6 DATE OF BIRTH (month, day, and year) 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Ins. Agent.

(b) General nature of industry, business, or establishment in which employed (or employer) Ins. Co

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto. Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Unknown

14 Informant Mrs. Folson (Address) 1710 Druid Hill Ave

15 DEC 30 1934 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28-1934

17 I HEREBY CERTIFY, That I attended deceased from 12-24-, 1934, to 12-28, 1934.

that I last saw her alive on 12-27-, 1934,

and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. ..... mos. 4 ds.

CONTRIBUTORY (Secondary) Acute Cardiac Dilatation

(duration) yrs. ..... mos. 1 ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) H. L. Jackson M. D.

12/29/1934 (Address) 600 N Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 12/31/1934

20 UNDERTAKER Mrs. Lizzie K. Holland

ADDRESS 1611 Druid Hill Ave

M. D. B. 1269 **F 07923** **F 07923**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 26-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Myra M. Miller.

(a) Residence: No. 3413 Keene Avenue St., ... Ward Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married.

6a. If married, widowed, or divorced (or) WIFE of William E. Miller.

6. DATE OF BIRTH (month, day, year) May 20 1882

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
42 yrs.	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John F. Griffin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Clara V. Singston

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs. Wm. E. Miller

(Address) 3413 Keene Ave

BURIAL, CREMATION, OR REMOVAL Loudon Park Date 12-2 1934

UNDERTAKER Leonard J. Keogh

(Address) 6205 Reisterstown Rd

FILED 12-3 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12 1934 to Dec. 29 1934

I last saw her alive on Dec. 29 1934 Death is said to have occurred on the date stated above, at 11.40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Left Side	9 day
Other contributory causes of importance: Senile Psychosis.	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Magenheller, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

F 07924

Stock—6-19—H. P. Co.—1000 Blks.

F 07924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

94-001

REGISTERED NO.

1-PLACE OF DEATH Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 12 S. Arlington ave. (Ward) 18-01

2-FULL NAME Mrs. Clara Bell

(a) RESIDENCE. No. 12 S. Arlington Ave. St. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Dec 19/1853

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
81	81	0	10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: home duties

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Richmond Va

10 NAME OF FATHER: Henry McNally

11 BIRTHPLACE OF FATHER (city or town) (State or country): England

12 MAIDEN NAME OF MOTHER: Martha McKeon

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Mrs Carrie L. Ernst

(Address): 12 S. Arlington ave

Filed: 12 29 1934

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-28 1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934 to Dec 28 1934

that I last saw h er alive on Dec. 28 1934

and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis - Angina Pectoris

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary): cardiac paralysis

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical symptoms

(Signed) John O. Lamond, M. D.

19 (Address) 2 W. Read St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Grand Rapids Cemetery — DATE OF BURIAL: Dec 31 1934

20 UNDERTAKER: Geo. J. Smith — ADDRESS: 1902 Eutaw Place

M. D. F. 1295 F 07925 ✓ F 07925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3043 Walbrook Ave. St. 15-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth J. Tracey.

(a) Residence: No. 3043 Walbrook Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Joseph E. Tracey.

7. DATE OF BIRTH (month, day, year) December 4. 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	--	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

13. NAME Elisha Jackson,

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

15. MAIDEN NAME Carrie Thompson,

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT Miss Ola P Tracey
(Address) 3043 Walbrook Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cem. Date JAN 1 - 1935

19. UNDERTAKER Geo N Little
(Address) 2700 Edmondson Ave.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) DEC 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Several Years. 19 . to Dec. 29th. 1934

I last saw h alive on Dec 29th. 1934. Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

Arterial Hypertension
Cerebral Hemorrhage
Pulmonary Edema

Date of onset
Indefinite

Other contributory causes of importance:
Has been ill for several years with Heart Disease & Arterio Sclerosis

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 07926 — 500 Blks.

Raffo

F 07926 ✓ F 07926

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2623 Robb ST., 9-01 WARD

(If death occurred in a hospital or institution, give its NAME instead of street and number.) X

2—FULL NAME Salvatore Raffa

(a) RESIDENCE NO. 2623 Robb ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	white	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Theresa Raffa

DATE OF BIRTH (month, day, and year) Dec 7-1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42		21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Fruit merchant

(b) General nature of industry, business, or establishment in which employed (or employer) 045

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Frank Raffa

11 BIRTHPLACE OF FATHER (city or town) (State or country) Italy

12 MAIDEN NAME OF MOTHER Theresa Cambarella

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Italy

Informant Theresa Raffa

(Address) 2623 Robb St

Filed ... 19 ... Registrar

1934 ... MK

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec 28-1934

17 I HEREBY CERTIFY, That I attended deceased from Dec 23, 1934, to Dec 28, 1934,

that I last saw him alive on Dec 27, 1934

and that death occurred, on the date stated above, at 7:30 a m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Influenza

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi L Di Stefano, M. D.

Dec 28, 1934 (Address) 407 S. Eden St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Cem

DATE OF BURIAL 12/31/34

20 UNDERTAKER George J Ruth Inc

ADDRESS 1230 Harford

F 07927

Spec.—8-16-29 — U. S. ...

F 07927

HEALTH DEPARTMENT—CITY OF BAL...

93-003

CERTIFICATE OF DEATH

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 4307 Roland Ave ST. 27

2—FULL NAME Cynthia A. Blight

(a) RESIDENCE NO. 4307 Roland Ave ST.,
(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. mos. ds. How long in U. S., ... rth? yrs. mos. ds.

...ED NO.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

... give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Widow

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Samuel Blight

DATE OF BIRTH (month, day, and year) May 17-1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	85	7	14	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work at home odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Baltimore Md

10 NAME OF FATHER John H. Hines

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ann Battenfield

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

...rmant Paul J. Blight
...ress) Frederick Rd & Poplar Lane

...34 ...19... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12-24-34

17 I HEREBY CERTIFY, That I attended deceased from 12-25, 1934, to 12-24, 1934, that I last saw h... alive on 12-27-, 1934 and that death occurred, on the date stated above, at 5 30 ...m.

The CAUSE OF DEATH* was as follows:

Coronary obstruction

Coroner J. Grossman odd

(duration) ... yrs. ... mos. 14 ds.

CONTRIBUTORY (Secondary) Senility & Starvation

(duration) ... yrs. 1 mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? ... Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Karl Steinmeier, M. D.

12-26 1934 (Address) 1212 St Paul St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cemetery — DATE OF BURIAL Dec 31 1934

20 UNDERTAKER Chas. E. Franck — ADDRESS 802 Madison Ave

M. D. P. 1[illegible]-9 F 07928

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07928

93-003

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 W. 29th St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Matthews

(a) Residence: No. 209 W. 29th St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Bertha Lee Matthews

7. DATE OF BIRTH (month, day, year) June 20, 1870

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper bags manufacture

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John T. Matthews

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Melvina J. Matthews

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. W. A. Matthews

(Address) 209 W. 29th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date Dec 31, 1934

19. UNDERTAKER E. LeRoy Stettler Son

(Address) 12 E. North Ave.

FILED [illegible] 19[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1934

22. I was first consulted by deceased on November 1933 and last attended deceased from December 28, 1934

I last saw h[illegible] alive on Dec 25, 1934 Death is said to have occurred on the date stated above, at 10 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?
Other contributory causes of importance:	
Acute cardiac decompensation	Dec 30 1934

Name of operation None Date of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury [illegible], 19[illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. Specify

Primary Condition was not existing

(Signed) Roger M. Brooke, M. D.

(Address) 2405 Maryland Ave

M. D. F. 12

F 07929

F 07929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. [illegible] Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Struthers

(a) Residence: No. Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sallie (Sup)

6. DATE OF BIRTH (month, day, year) Dec 5, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME Sallie ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Friends

(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/31/34

19. UNDERTAKER Wm Cook

(Address) 1214 E Fayette St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1934 to Dec 29, 1934

I last saw him alive on Dec 29, 1934 Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 wks
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) I P Magill, M. D.

(Address) Balt City Hosp

Spec.—1-30 F 07930 F 07930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-001

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1425 Forge Ave ST. 27-01 WARD)

2-FULL NAME Ella Melvin

(a) RESIDENCE NO. 1425 Forge Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Samuel C Melvin

DATE OF BIRTH (month, day, and year) 3. 17. 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9	13	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

BIRTHPLACE (city or town) (State or country) Maryland

10 NAME OF FATHER Thomas Price

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Sarah Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

Informant Samuel Melvin

(Address) 1425 Forge Ave.

Filed ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12. 30. 1934

17 I HEREBY CERTIFY, That I attended deceased from Nov. 3 1934 to Dec. 30 1934.

that I last saw her alive on Dec. 30th 1934.

and that death occurred, on the date stated above, at 4.30 P. m.

The CAUSE OF DEATH* was as follows:

Apoplexy - Arteri Sclerosis

Initial Hypertension -

(duration) ... yrs. ... mos ... ds.

CONTRIBUTORY (Secondary) Gall Bladder Trouble

(duration) 8 yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of ...

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) E. H. Beelen, M. D.

12.30.1934 (Address) 141 Washington, Md.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Concord Md

DATE OF BURIAL Jan 2 1935

20 UNDERTAKER W. J. Tickner & Son

ADDRESS North L[illegible]

F 07931 ✓ F 07931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46

Registered No. 16-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton T. Russell

(a) Residence: No. 1100 W Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 10 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME William Russell

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Susan Johnston

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Balt. City Hosp.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 12/31/34 19

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw Pl

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1934 to Dec 28 1934

I last saw h[illegible] alive on Dec 28 1934 Death is said to have occurred on the date stated above, at 5-20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Phagell M. D.

(Address) Balt City Hosp

[illegible]

M. D. F 1268-4

F 07932

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07932

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1718 N.Port St. St., 8-01 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gertrude R.Taylor

(a) Residence: No. 1718 N.Port St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon G.Taylor

7. DATE OF BIRTH (month, day, year) July 31st.1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.Md.

13. NAME Chas.F.Winter

14. BIRTHPLACE (city or town) (State or country) Balto.Md.

15. MAIDEN NAME Annie C.Eitel

16. BIRTHPLACE (city or town) (State or country) Balto.Md.

INFORMANT (Address) Mrs.Walter M.Fields 1102 E.20th. St.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem Date 12/31/34

UNDERTAKER (Address) Philip Herwig Sons 2016 Eastern Ave.

FILED 31 1934 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec.29/34 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 .....

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Chr Myocarditis	
b	
c	
d	

Other contributory causes of importance:

Name of operation History Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 508 E Fayette

M. D. P. 1268-9

07933

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07983

CERTIFICATE OF DEATH

94-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2523 Annesah ave St. 16-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Richard H. Price

(a) Residence: No. 2523 Annesah ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ✓

7. DATE OF BIRTH (month, day, year): July 19, 1862

AGE — Years: 72 — Months: 5 — Days: 10 — If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Silver Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Store

10. Date deceased last worked at this occupation (month and year): ✓

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Vermont

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): ' '

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): ' '

INFORMANT: Albert Mayer

(Address) 2523 Annesah ave

17. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 12/31/34 19

18. UNDERTAKER: Geo. Myers & Son

(Address) 2503 Eutaw pl

FILED: Jan 2 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12/29/34. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1934, to Dec 29, 1934

I last saw h... alive on Dec 20, 1934. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis,	
Angina Pectoris,	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation: none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ...

12/29/34 (Signed) C. A. Swanborn M. D.

(Address) 822 N Calvert st

M. D. B. 1934 F 07934

F 07934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Westfield Ave St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank R. Carroll

(a) Residence: No. 3016 Westfield Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Railroad Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME Julia H. Carroll

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Eliza. Ramhold

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Raymond F. Carroll.

(Address) 3016 Westfield Ave.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 12/31 1934

UNDERTAKER A. Few McCully

(Address) 129 E Fort Ave

FILED 1934 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26. 1934 to Dec 29 1934

I last saw h... alive on Dec 29 1934. Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Sore Throat	12/26/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Sidney F. Streett M. D.

(Address) 421 E. Fort Ave.

M. D. P. 1268-9 **F 07935** ✓ **F 07935**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 9-01 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Furlong

(a) Residence: No. 2145 Kirk Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sally Furlong

6. DATE OF BIRTH (month, day, year): Jan. 17, 1866

7. AGE: Years 68 | Months 11 | Days 11 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Broommaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: John Furlong

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Betty Dempsey

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Records

(Address): Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place: Potters Cemetery Date: Dec 31. 1937

19. UNDERTAKER: Mary M Medford

(Address): 901 E 24 St

20. Filed ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): December 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1937, to Dec 28, 1937

I last saw him alive on Dec 28, 1937 Death is said to have occurred on the date stated above, at 7.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	?
Myocardial insufficiency	?
Coronary thrombosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) I P Frazier M. D.

(Address) Balt City Hosp

M. D. B. 1268-3

F 07936

F 07936

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1754 Bank Life St. 2-01 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME SUSIE GRASMICK

(a) Residence: No. 1754 Bank St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of — — —

7. DATE OF BIRTH (month, day, year) Feb. 17. 1876

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Henry Grasmick

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Julia Herman

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. John A. Janetzke

(Address) 1754 Bank St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Jan. 2. 1935
Place Date 19

19. UNDERTAKER HENRY SANDER & SONS, INC.

(Address) Baltimore & Broadway.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29. 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Jan — 1933 to Dec. 29 1934

I last saw her alive on Dec. 29 1934 Death is said to have occurred on the date stated above, at 4.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Arterio-Sclerosis	?
Hypertension	
Chr. Valvular Heart Disease	
Chr. Nephritis	
Other contributory causes of importance:	
Uraemia	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm. F. Ingles M. D.

(Address) 1001 E. Fayette St.

M. B. B. F 07937 F 07937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St. 21-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Savage

(a) Residence: No. 513 W. Cross St., Ward, (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Ath

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Not given

7. AGE: Years | Months: 11 | Days: 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not given

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Savage

(Address) Same - 513 W Cross

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Date Dec 31st. 1934

19. UNDERTAKER Joseph A. Lichty

(Address) 404 N. Mount Street.

20. FILED Huntington Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29- 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-16 1934 to 12-29- 1934

I last saw him alive on 12-29- 1934 Death is said to have occurred on the date stated above, at 6 20/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bronchial Pneumonia	12-14-34

Other contributory causes of importance:

Name of operation Laboratory Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. McDonald. M. D.

(Address) Provident Hosp.

M. D. F 07938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07938

CERTIFICATE OF DEATH

107-001

1. PLACE OF DEATH United States Marine Hospital

CITY OF BALTIMORE: (No. Baltimore, Maryland St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roger S. Wilkes

(a) Residence: No. 1606 Harlem Ave., Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced
HUSBAND of
(or ~~WIFE~~ of Mabel Herbert Wilkes

6. DATE OF BIRTH (month, day, year) May 24, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter Carrier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post Office

10. Date deceased last worked at this occupation (month and year) 12-24-34

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Nantuckett, Mass.

13. NAME Edgar Wilkes

14. BIRTHPLACE (city or town) (State or country) Nantuckett, Mass.

15. MAIDEN NAME Emma Roach

16. BIRTHPLACE (city or town) (State or country) Lynn, Mass.

17. INFORMANT U.S. Marine Hospital Records.
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL National Law Date 12/31 . 34

19. UNDERTAKER Bernard P. Keeley
(Address) 818 Dennison Ave.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 28 . 1934

22. I HEREBY CERTIFY, That I attended deceased from December 26 . 1934 to December 28 . 1934

I last saw him alive on December 28 . 1934 Death is said to have occurred on the date stated above, at 7:00a m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Pneumonia, bronchial, lobular, right lower lobe	12-23
Other contributory causes of importance:	
Hypertension, arterial	unk.

Name of operation Date of

What test confirmed diagnosis? Lab. & X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wm. H. Gordon, M. D.

(Address) Assistant Surgeon

M. D. F 07939

F 07939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07939

136-102

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ....

CITY OF BALTIMORE: (No. ....) St., 11-01 Ward. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Stinson

(a) Residence: No. 442 W Biddle St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 4, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	63	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Josie Stinson
14. BIRTHPLACE (city or town) (State or country) Baltimore
15. MAIDEN NAME Mary Brown
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem Date 12/31 19 34
(Address)

19. UNDERTAKER Armand F Hensley
(Address) 818 Druid Park Ave

20. FILED ....., 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 7 1934 to Dec 27 1934
I last saw him alive on Dec 27 1934 Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis Abscess	1933
Fistula Urethral	1933

Other contributory causes of importance:

Sepsis Pelvic Abscess	12/7/34
Bed sore - Sacrum	12/23/34

Name of operation Incision & Drainage Date of 12/8/34

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel H Gant M. D.
(Address) Balto City Hospitals

M. D. B 1268-9 **F 07940** **F 07940**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 N Pulton St. 17-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or State where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Payne

(a) Residence: No. 520 N Pulton St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 27 1934

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
		3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Geo. Lavell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Evelyn Payne

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Evelyn Payne

(Address) 520 N. Pulton

BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem Date 12 35

UNDERTAKER Bernard P. Hennessy

(Address) 818 Druid Park Ave.

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on Dec 30 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. H. Gosnell, M. D.

Coroner

(Address) City

M. D. B. 1268-9

F 07941

F 07941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals St., 18-01 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Stevens

(a) Residence: No. 937 Bennett Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of (dead)

6. DATE OF BIRTH (month, day, year) May 16 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Sarah Coleman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Reads Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 12/31 1934

Hof. Cemetery Bernard O'Hegarty

19. UNDERTAKER 818 Druid Hill Ave.
(Address)

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1934 to Dec 23 1934

I last saw him alive on Dec 23 1934 Death is said to have occurred on the date stated above, at 2 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis, 6 yrs	4 hrs
Arteriosclerosis	6 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) I. P. Magruder, M. D.

(Address) Balt City Hosp

M. D. F. 1948-9

F 07942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07942

CERTIFICATE OF DEATH

107-001

Registered No. .....

1. PLACE OF DEATH Levindale Hebrew Home for Aged. Inform. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 2 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? 11 yrs. mos. ds.

2. FULL NAME Israel Werner

(a) Residence: No. Belvedere & Gempring St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rachelsa

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joseph Werner

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hortense

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Edmund Levin Belvedere & Gempring.

18. BURIAL, CREMATION, OR REMOVAL Date 12-31-34 19

Fineclall

19. UNDERTAKER Geo. Levin & Sons (Address) 1734 E. Balto St

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1934, to Dec 30, 1934.

I last saw him alive on Dec 30, 1934 Death is said to have occurred on the date stated above, at 8 35 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchs-pneumonia
Hypertension

Date of onset

Other contributory causes of importance:

Secondary Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W Edmund Levin, M. D.

(Address) Levindale

M. D. B. 1268-9

07943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 F 07943

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 N. Bruce St., 16-01 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Selma Hazel Penson

(a) Residence: No. 630 N. Bruce St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Negro	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 26 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Penson

14. BIRTHPLACE (city or town) (State or country) Greensboro NC

MOTHER

15. MAIDEN NAME Pauline Towns

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Pauline Towns
(Address) 630 N. Bruce

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date Dec 31, 1934

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N. Schroeder St

Filed ... Registrar

EC 31 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-27, 1934 to 12-29, 1934

I last saw her alive on Dec 29, 1934 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	12/27 1934
Other contributory causes of importance:	
anem	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Walter D Jackson, M. D.

(Address) 1131 W Fayette

M. D. P. 1708-9

07944

HEALTH DEPARTMENT—CITY OF BALTIMORE

07944

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 19-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Martin, Jr.

(a) Residence: No. 1415 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Nanny

6. DATE OF BIRTH (month, day, year) April 5, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John ?

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date Jan 1, 1935

19. UNDERTAKER Bernard C. Hanle
(Address) 1008 Paca St

DEC 31 1934

20. [illegible] Huntington Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1934 to Dec 29, 1934

I last saw him alive on Dec 29, 1934 Death is said to have occurred on the date stated above, at 8 or P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	?
Glomerulonephritis, arteriosclerotic (Chronic)	?

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) I P Nagel, M. D.

(Address) Balt City Hosp

M. F. B. F 07945

✓ F 07945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eula Westbrook

(a) Residence: No. 1609 A Hermit St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6. DATE OF BIRTH (month, day, year) June 12, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME ? Wobby

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Friends

(Address) East Balto Hosp

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Am Date Dec 29, 1934

19. UNDERTAKER Robt A Williams

(Address) 1515 McCulloh St

FILED DEC 31 1934, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1934 to Dec 27, 1934

I last saw h[illegible] alive on Dec 27, 1934 Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis	
Pulmonary extension	
Tuberculosis, arteriosclerotic (chronic)	4 yrs?
Other contributory causes of importance:	
None	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] Phagel, M. D.

(Address) East City Hosp

AACo. 5-11 2508

Ada M F Klinefelter ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE F 07946

F 07946

CERTIFICATE OF DEATH

94-001

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4106 Bowman Ave St. 15-01 Ward)

Length of residence in city or town where death occurred 73 yrs. 3 mos. 29 dys. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ada Margaret Fitch Klinefelter

(a) Residence: No. 4106 Bowman ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Gotman Klinefelter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Olivia Rodenmaga

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs William J Childs

(Address) 4106 Bowman ave

18. BURIAL, CREMATION, OR REMOVAL Greenmount Cemetery Date Dec 31 1934

19. UNDERTAKER Chas S. Clark

(Address) 742 W North ave

Filed Dec 31 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1934, to Dec 29, 1934

I last saw h[illegible] alive on Dec 27 1934, death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7/20/34

Other contributory causes of importance:

Hardening of Arteries & Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1901 Eutaw Pl.

M. D. B. [illegible]

F 07947

F 07947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 821 N. Fulton St., 16-21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henrietta Blatchley

(a) Residence: No. 821 N. Fulton Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jas L. Blatchley

6. DATE OF BIRTH (month, day, year) Jan 11 1853

7. AGE Years 81 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

13. NAME H Reinsechia Hamm

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mack Rowe

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Lenora Hamm
(Address) 821 N Fulton

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park. Date Dec. 31- 1934

19. UNDERTAKER Charles J. Schwaf
(Address) 505 N. Monroe St.

20. FILED Dec 31 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....
I last saw h... alive on Dec 29 1934 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 months

Other contributory causes of importance:

Name of operation Appendectomy Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Funk Coroner M. D.
(Address) Coroner

M. D. B 1269-9 F 07948 ✓ F 07948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 821 N. Fulton St., 16-01 Ward)

Length of residence in city or town where death occurred ... yrs. Life mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jas. L. Clatchey

(a) Residence: No. 821 N. Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henrietta

6. DATE OF BIRTH (month, day, year) 1863-10-12

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Jas. H. Clatchey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Sarah E. Tracey

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Henrietta Clatchey

(Address) 821 N. Fulton St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Dec. 31- 1934

19. UNDERTAKER Charles J. Schuyler

(Address) 505 N. Monroe St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 week

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D. Coroner

(Address) ... Coroner

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07949

CERTIFICATE OF DEATH

F 07949

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 19-C Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Master Neal Dougherty (Dougherty)

(a) Residence: No. 1522 Hollins St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-12-28

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Neal Wm. Dougherty Sr

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Strieker

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT M. Catherine Strieker (Address) Balto. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cem Cathedral Date Jan 2 1934

19. UNDERTAKER George L. Lehmat (Address) 2101 Frederick Ave.

Jan 1 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-20-34 19

22. I HEREBY CERTIFY, That I attended deceased from 12-19-34 19 to 12-28-34 19

I last saw him alive on 12-28-34 19 Death is said to have occurred on the date stated above, at 11:45 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	
Other contributory causes of importance:	
Lobar Pneumonia	

Name of operation Thoracotomy Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hosp.

M. D. F. 1248 F 07950

F 07950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Washington Blvd (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30-0 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Evanwalter

(a) Residence: No. 517 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 8-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glassworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME John Evanwalter

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Julia Frish

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mary Evanwalter Wife

(Address) 1225 Pleasant Valley Va.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Jan 2, 1935

19. UNDERTAKER Joseph E. Lyle

(Address) 1600 W. North Ave

20) FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29-, 1934

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar Zellers M. D.
Coroner

(Address) 2739 Eastern Ave

M. D. B. F. 07951

F 07951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 413 S Washington St., 7-01 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Rockel

(a) Residence: No. 413 S Washington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rockel

7. DATE OF BIRTH (month, day, year) 1864

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Rockel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alexander Carroll
(Address) 413 S Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place McCormick Date Dec 31 1934

19. UNDERTAKER Fillmore Heilenman
(Address) 403 S Wolfe St

20. FILED ... 19... ... Registrar.

31934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Visit Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.
Coroner

(Address) 1252 Pattison Thos Cas

M. D. B. 1268-9

E 07952 HEALTH DEPARTMENT—CITY OF BALTIMORE 07952

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lewis

(a) Residence: No. Lakeside Ave Edgemere St., Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Edward Lewis

6. DATE OF BIRTH (month, day, year) March 25 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 03

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Robert Crabbe

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Canada

17. INFORMANT Mrs Myrtle Christian

(Address) Lakeside Ave Edgemere

18. BURIAL, CREMATION, OR REMOVAL

Place Oakleyn Date 12 31 1934

19. UNDERTAKER Harry H. Nitzke

(Address) 4101 Edmondson ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12 28 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1934 to 12 28 1934

I last saw h.e.y alive on 12 28 1934 Death is said to have occurred on the date stated above, at 6:11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance:

Gangrene of left foot

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emily A. Lindsay M. D.

(Address) Md. General Hosp

M. D. B 1348-9

F 07958 HEALTH DEPARTMENT—CITY OF BALTIMORE F 07863

CERTIFICATE OF DEATH

Registered No. 75

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1835 Aiken St., 9-01 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Wills

(a) Residence: No. 1835 Aiken St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Minnie

6. DATE OF BIRTH (month, day, year): July 13/1878

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Paper hanger

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 65?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: William H. Wills

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

15. MAIDEN NAME: Cecelia Hook

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Charles Wills (Son)

(Address): 1835 Aiken St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Cem. Date: Jan. 2 19 35

19. UNDERTAKER: Penny, Hoch & Sons, Inc.

(Address): 41 E. Eager St

20. FILED Jan 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 28/34, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , 19 to , 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at about midnight m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
Other contributory causes of importance: "History" Chr Alcoholism	??

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) 501 E Church St

M F 07934 F 07934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-001

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ollie Doy

(a) Residence: No. 3601 3rd St St., Ward. Brooklyn, Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Shannon

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36 yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Doy

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mc Kinnon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Helen Doy

(Address) 3601 3rd St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Brooklyn Date 1/1/35, 19

19. UNDERTAKER John J. Gahagan & Sons

(Address) 1318 E. Lombard St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29-34

22. I HEREBY CERTIFY, That I attended deceased from 12-29-34, 19, to 12-29-34, 19

I last saw him alive on 12-29-34, 19. Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyrhosis of Liver	6 yrs.
Ruptured Oesophageal varix with Hemetemesis	12-29-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinic Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. L. Fleming M. D.

(Address) University Hospital

M. D. P. 1268-9

F 07955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07955

CERTIFICATE OF DEATH

93-004

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Garvis

(a) Residence: No. 1315 E Light St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86 ?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Lyter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Virginia Tanner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Balt City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Pat Cemetery Date 1/1/35.

19. UNDERTAKER O. J. Foley & Son

(Address) 1311 Light St.

20. FILED JAN 1 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1931 to Dec 30, 1934

I last saw her alive on Dec 30, 1934 Death is said to have occurred on the date stated above, at 6 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Myocardial Insufficiency & failure	3 yrs

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. P. Brazil, M. D.

(Address) Balt. City Hosp.

M. D. F 07956

F 07956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary 12-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fred B. Lewis

(a) Residence: No. 2102 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Lillian Lewis

6. DATE OF BIRTH (month, day, year) May 5, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Walter Lewis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Amanda Ward

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hardock Va Date Jan 2 . 1935

19. UNDERTAKER Towell & Blum Inc

(Address) 2627 Edmondson Ave

20. FILED DEC 31 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29 . 1934 to Dec 30 . 1934

I last saw him alive on Dec. 30 . 1934 Death is said to have occurred on the date stated above, at 12 Noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of body of pancreas, with abdominal metastases	Indef.
Other contributory causes of importance:	
Bronchopneumonia	Dec. 25

Name of operation Exploratory laparotomy Date of Dec. 19, 1934

What test confirmed diagnosis? Exam. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19 .

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Iglehart . M. D.

(Address) Church Home & Infirmary

M. D. P. 1268-9

F 07957

F 07957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XY 107-001

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter B. Maurer (Maurer)

(a) Residence: No. 3 S Frederick St., Ward. Rockville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Maurer

6. DATE OF BIRTH (month, day, year) June 17, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Akron Ohio

FATHER

13. NAME Charles D Maurer

14. BIRTHPLACE (city or town) (State or country) D. C.

MOTHER

15. MAIDEN NAME Mary Dalrymple

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records (Address) Balt City Hosp

18. BURIAL, CREMATION, OR REMOVAL Place Forrestal, Md Date Dec 31, 1934

19. UNDERTAKER J. H. Lichtenberger (Address) Balto

20. FILED DEC 31 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934, to Dec 29, 1934

I last saw him alive on Dec 29, 1934 Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I P Magee, M. D.

(Address) Balt City Hosp.

M. D. B. 1261-9

F 07958

F 07958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3215 Belmont Ave. St., 16-01 Ward)

Length of residence in city or town where death occurred 5 yrs. 2 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patricia Ann Clark

(a) Residence: No. 3215 Belmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Oct. 8, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ******

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Clark

14. BIRTHPLACE (city or town) (State or country) Washington, D. C.

MOTHER

15. MAIDEN NAME Ethel Quackenbush

16. BIRTHPLACE (city or town) (State or country) Petrolia, Ontario, Canada

17. INFORMANT Mr. Joseph H. Clark
(Address) 3215 Belmont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Jan. 2, 1935

19. UNDERTAKER H. O. Tieper & Sons
(Address) [illegible]

20. FILED 19 Registrar.

[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21 1934 to Dec 29 1934

I last saw h e alive on Dec 29 1934 Death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	Nov 7

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Blood examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John E. Baldwin M. D.

(Address) 100 E 33rd St.

M. D. B. F-9 F 07959

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4106 Groveland Ave. (Street) (Ward)

Length of residence in city or town where death occurred 75 yrs. 8 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara V. Mutk

(a) Residence: No. 4106 Groveland Ave. Street. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow.

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Casper F. Mutk.

6. DATE OF BIRTH (month, day, year): Apr. 10, 1859

7. AGE: Years 75 | Months 8 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Marcus Snyder

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Anna Ortwine

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mr. Marcus S. Mutk 3405 Hamilton Ave

18. BURIAL, CREMATION OR REMOVAL: Place Druid Ridge Date Dec. 31 19 34

19. UNDERTAKER (Address): Wm. H. Gorter Sons North & Dukes.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec. 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from ✓ 12/27/34 19.. to 12/28/34 19.. I last saw ✓ alive on 12/28/34 19.. Death is said to have occurred on the date stated above, at 10.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobar	3d
Contributory causes of importance: Cardiac Asthenia	3 Yrs.

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) H. Thomas Hearn M. D.

(Address) 4 E. Mt. Vernon Place

M. D. [illegible]

F 07960

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07960

CERTIFICATE OF DEATH

13-001

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Rye Jr.

(a) Residence: No. 2311 E. Federal St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 22 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Pupil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Clarence E. Rye Sr.

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER

15. MAIDEN NAME Mable I. Bull

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

17. INFORMANT Clarence E. Rye Sr.

(Address) 2311 E. Federal St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 12/31 1934

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W. Fayette St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-23-34 to 12-28-34

I last saw him alive on 12-28-34 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

Acute lobar pneumonia — Date of onset 9-1-34

Bronchial & Tracheal — 12-23-34

Other contributory causes of importance:

Name of operation Tapping Date of 12-27-34

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. H. Fearing M. D.

(Address) University Hospital

M. D. B. 38-9 F 07961

F 07961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp St. 14-01 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annette Almocera

(a) Residence: No. 1415 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Name not given

6. DATE OF BIRTH (month, day, year) Not given

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not given

FATHER

13. NAME Not given

14. BIRTHPLACE (city or town) (State or country) Not given

MOTHER

15. MAIDEN NAME Not given

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Anna Hunt (Mother)
(Address) 1420 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Not given Date 1-2 1934

19. UNDERTAKER For P. A. Gibson
(Address) 1736 Druid Hill Ave

20. FILED ... 19... ... Registrar

E 031354

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-29 1934

22. I HEREBY CERTIFY, That I attended deceased from 12 26 1934 to 12 29 1934

I last saw her alive on 12 29 1934. Death is said to have occurred on the date stated above, at 1.5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia of Rt Base	12 19 34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John J. Cooney M. D.

(Address) Provident Hosp.

M. D. B. 126

F 07862

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07862

CERTIFICATE OF DEATH

X/93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2900 Hollins Ferry Rd 25-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 8 mos. ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E Dallinger

(a) Residence: No. 2900 Hollins Ferry Rd Ward. Pct 4-4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gustav Dallinger

6. DATE OF BIRTH (month, day, year) 2/14/1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Martin Albrecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ernestine Lemke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Wm Dilger

(Address) 2900 Hollins Ferry Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Jan 1. 1935

19. UNDERTAKER John Albert

(Address) 2005 Adams

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29. 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1934 to Dec 29 1934

I last saw her alive on Dec 29 1934 Death is said to have occurred on the date stated above, at 9 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Duration Dec	12/27/34
(Other contributory causes of importance:)	
Senile Myocarditis	(Duration) (1932)
Arterio Sclerosis	(Duration) (1930)

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) E. F. Hawkins M. D.

(Address) 1 E. Randall St.

M. D. R. 1208-9

F 07963

07963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-001

Registered No. 28-01

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 Mallow St. 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Adelia Enos

(a) Residence: No. 224 Mallow St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch. 11-1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home—

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Newton Enos

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Lavinia Strickland

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs Alice V. Enos

(Address) 224 Mallow St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date Jan 1 1935

19. UNDERTAKER Edw L Beyer & Co

(Address) 1112 W. Lexington St.

20. FILED Jan 1 1935 Registrar.

311934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30. 1934

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1933 to December 30 1934

I last saw her alive on December 29 1934 Death is said to have occurred on the date stated above, at 3:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
La Grippe Bronchio-Pneumonia Terminal	5 days 2 "
Other contributory causes of importance: Chronic Interstitial Nephritis	2 yrs

Name of operation None Date of

What test confirmed diagnosis? Clin. Obs. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elrod W. Johnson M. D.

(Address) 3432 Frederick Ave

M. D. P. 1265-9

F 07964

07964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-004

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 20-01 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Clara Dillon

(a) Residence: No. 3520 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	(W).	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 27 - 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clean Woman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Wilfred Schaefer
(Address) 3520 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Dec 31, 1934

19. UNDERTAKER Frank H. Kilfoyle
(Address) 518 E. Baltimore St.

20. FILED 1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-28, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-25-34, 19 to 12-28-34, 19

I last saw h alive on 12-28-34, 19 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Auricular fibrillation & Cardiac decompensation	
Pulmonary infarct, right.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. K. Fleming M. D.

(Address) University Hospital

Spec.—9-30—A. & Co.—250 Blks.

F 07965

07965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-003

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 125 N. Washington St. St 6-01 Ward)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby boy Burns

(a) RESIDENCE No 125 N. Washington St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) 12/28/34

7 AGE Years Months Days If LESS than 1 day ½ hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ditto

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Balt. Md.

PARENTS

10 NAME OF FATHER Warner Burns

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt Md

12 MAIDEN NAME OF MOTHER M. E. Ament

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt Md

14 Interment (Address)

15 12 1934 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/28/34

17

I HEREBY CERTIFY, That I attended deceased from 12/28/34, 19, to 12/28/34, 19

that I last saw him alive on 12/28/34, 19

and that death occurred, on the date stated above, at 4.30 P. M.

The CAUSE OF DEATH* was as follows:

asphyxia livida

ditto

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? Date of

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J. Hulla M.D. M. D.

12/28/34 (Address) 2214 E. Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Md. School of Med.

DATE OF BURIAL 19

20 UNDERTAKER

ADDRESS

M. D. B. 12

F 07966

At Franklin 1/23 F 07966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-002

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 713 West North St. 14-01 (Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ilona Faison

(a) Residence: No. 713 West North St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Maried

5a. If married, widowed or divorced (HUSBAND of) (or) WIFE of: Henry N. Faison

6. DATE OF BIRTH (month, day, year): Feb 14-1880

7. AGE: Years 54 | Months 10 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Clinton N C

FATHER

13. NAME: Perry

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Octavio Van

16. BIRTHPLACE (city or town) (State or country): Clinton N. C

17. INFORMANT: Henry N. Faison
(Address) 713 West North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Moreland PK Date: Jan 1 193[illegible]

19. UNDERTAKER: Lenham Cook
(Address) 1217 St Paul street

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1934, to Dec 30, 1934

I last saw her alive on Dec 29, 1934. Death is said to have occurred on the date stated above, at 4½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Portal cirrhosis	
Anemia	
Other contributory causes of importance:	
Bronchial failure	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. B. Grant M. D.

(Address) 112 S. St Paul St

M. D. B. 1268-9

F 07967

07967 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2806 Auchentoroly Terrace St., 13 Ward)

Length of residence in city or town where death occurred 37 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? 82-0-0 yrs. mos. ds.

2. FULL NAME Olga Baugh

(a) Residence: No. 2806 Auchentoroly Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Baugh

6. DATE OF BIRTH (month, day, year): June 30 1843

7. AGE: Years 91 | Months 5 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): 1900

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Ludwigsburg Wurtemburg

MOTHER FATHER

13. NAME: Louis Von Buckholtz

14. BIRTHPLACE (city or town) (State or country): Wurttemberg Germany

MOTHER

15. MAIDEN NAME: Marie Von Kettler

16. BIRTHPLACE (city or town) (State or country): Wurttemberg Germany

17. INFORMANT: Mr. F. H. Baugh (son)
(Address) 209 Northern Pkwy.

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va. Date Jan 2 1935

19. UNDERTAKER: Leo Smith Co.
(Address) 10 W. North Ave.

20. Filed ..... 19 .....
Registrar.

21631

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 12-31-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 1932, 19 , to 12-31, 1934.

I last saw h[illegible] alive on 12-30, 1934. Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Arteriosclerotic Heart Disease	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos L. Jorsey, M. D.

(Address) 1129 St Paul St

apw

M. D. H. 1268-9

17963 M K 17963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 210-002

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Gen'l Hospital St., 24th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... dd.

2. FULL NAME Frances Tillberry

(a) Residence: No. Ferndale, Md. St., ... Ward. A A Co, Md
(Usual place of abode) (If non-resident give city or town, and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Francis Leo Tillberry

6. DATE OF BIRTH (month, day, year) Nov 23, 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house keeping
10. Date deceased last worked at this occupation (month and year) Dec. 29, 1934
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Oneida, Tenn.

FATHER

13. NAME John Hammock
14. BIRTHPLACE (city or town) (State or country) Utah.

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Frances Leo Tillberry
(Address) Ferndale, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Cathedral Date Jan. 1, 1935

19. UNDERTAKER Thomas W. Singleton
(Address) Linthicum Heights, Md.

20. FILED 1/3/1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ... I last saw him alive on ... 19 ... Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Fractures	
Shock	
Other contributory causes of importance:	
Automobile Accident	

Name of operation none Date of ...

What test confirmed diagnosis none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 12/29, 1934

Where did injury occur? West Pat Rd nr. Ferndale (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place street Accident

Manner of injury Struck by auto while walking along road

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2208 E Madison St

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

07969 07969

CERTIFICATE OF DEATH

95-002

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 440 E. 22nd St. 12-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred About 80 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Elizabeth A. Reilly

(a) Residence: No. 440 E. 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --------

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	80	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Reilly

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

MOTHER

15. MAIDEN NAME Rose McCorrick

16. BIRTHPLACE (city or town) (State or country) --------- Ireland

17. INFORMANT Miss Mary Gegan

(Address) 440 E. 22nd St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 1/2 1935

19. UNDERTAKER Kenny & Myers

(Address) [illegible]

20. FILED DEC 31 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1930, to Dec 30, 1934.

I last saw h[illegible] alive on Dec 29, 1934. Death is said to have occurred on the date stated above, at 2:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia terminal, following chronic arter. vascular disease with sparing intermittent of cardiac trouble.	12/28/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. H. Hayward M. D.

(Address) 1129 N. Calvert

M. D. P. 1268-9

F (07970) 29273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50 F 07970

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 12-01 Ward)

Length of residence in city or town where death occurred 80 yrs. -- mos. -- da. How long in U. S. If of foreign birth? -- yrs. -- mos. -- da.

2. FULL NAME ~~Nimm~~ Crowther (Worthena H. Crowther)

(a) Residence: No. Green Hall apt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Crowther

6. DATE OF BIRTH (month, day, year) 2-17-54

7. AGE: Years 80 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME George M. Hess

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary ~~Boocolay~~ Bosley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date 1/2 . 1935

19. UNDERTAKER Henry U. Meyers & Son

(Address) 801 N. Calvert St.

20. FILED DEC 21 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 . 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 . 1934 to Dec 31 . 1934.

I last saw her alive on Dec 31 . 1934 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast.	1902
Arteriosclerosis	1900

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. W. Bruce M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

07971

F 07971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-003

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1935 E Lafayette Ave St. 8-01 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beverly Lee Diggs

(a) Residence: No. 1935 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie Stroop

6. DATE OF BIRTH (month, day, year) Mar. 13th 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. & P. Tel. Co. (Retired)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) City
(State or country)

FATHER

13. NAME Beverly Diggs

14. BIRTHPLACE (city or town) City
(State or country)

MOTHER

15. MAIDEN NAME Louisa Gordison

16. BIRTHPLACE (city or town) City
(State or country)

17. INFORMANT Lee A. Diggs
(Address) 1935 E Lafayette ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Oakleaun Cmtry Date 1/2 1935

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E Lafayette Ave

20. FILED 1/2 1935

3 1 1934

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29th 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1934 to Dec 29 1934.

I last saw him alive on Dec 28 1934. Death is said to have occurred on the date stated above, at 8 1/2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1933
Other contributory causes of importance:	
Myocarditis	1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. Gill Hall, M. D.

(Address) 1631 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07972

07972 293982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 26-01 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Vrablec (VRABLEC)

(a) Residence: No. 3415 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Helen Vrablec

6. DATE OF BIRTH (month, day, year) 11/6/12

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Vrablec

14. BIRTHPLACE (city or town) (State or country) Europe

MOTHER

15. MAIDEN NAME Frances Oswald

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Jan 3 1935

19. UNDERTAKER Frank Cvach & Son
(Address) 1702 Eastland Ave

FILED Jan 2 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26 1934 to Dec 31 1934

I last saw her alive on Dec 31 1934 Death is said to have occurred on the date stated above, at 6 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hemorrhagic Nephritis	1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Blanchard Tilghman M. D.

(Address) Johns Hopkins Hospital

31 1934

M. D. B. 1268-9

F 07973

HEALTH DEPARTMENT—CITY OF BALTIMORE

07973

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2607 N. Charles St. 17-6 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hannie Linthicum Applegarth

(a) Residence: No. 2607 N. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of Robert M. Applegarth

6. DATE OF BIRTH (month, day, year) Mar 1st 1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Levin Phillips

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Hastings Town

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Margaret Seal
(Address) 2607 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date Jan 2nd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30th 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1934 to Dec 29 1934

I last saw h[e] alive on Dec 29 1934 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	1 day

Other contributory causes of importance:

Senile Endocarditis	10 Years

Name of operation — Date of ...

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupatinn of deceased?
If so, specify

(Signed) Lawrence Cook, M. D.

(Address) 1217 St Paul St

M. D. P. 1268-9

07974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07974

CERTIFICATE OF DEATH

93-004

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 11-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Gordon

(a) Residence: No. 1815 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary (dead)

6. DATE OF BIRTH (month, day, year) Aug 9, 1882?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Large

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine O'Brian

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records Balt City Hosp
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Jan 2nd 35

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED Jan 2 1935 Registrar.

1-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1934 to Dec 30, 1934

I last saw him alive on Dec 30, 1934 Death is said to have occurred on the date stated above, at 3:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Hypertension	?
Myocardial Insufficiency	2 Mos
& failure	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify.

(Signed) I Phagin, M. D.

(Address) Balt City Hosp.

M. D. B 1268-9

F 07975

HEALTH DEPARTMENT—CITY OF BALTIMORE

07975

CERTIFICATE OF DEATH

92-001

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Linn Ave & W. 32nd St. 13-01 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Wilhelmina Shipley

(a) Residence: No. 3359 Beech ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Charles L. Shipley

6. DATE OF BIRTH (month, day, year) Nov 28 1863.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

FATHER

13. NAME Joshua Fowble

14. BIRTHPLACE (city or town) (State or country) Fowblesburg Md.

MOTHER

15. MAIDEN NAME Barbara Ware

16. BIRTHPLACE (city or town) (State or country) Reisterstown Md.

17. INFORMANT Charles T. Shipley

(Address) 3030 Parkside

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem. Date Jan 2. 1935

19. UNDERTAKER Watts Davis

(Address) 2411 Pulaski Hwy

20. FILED 1-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31st, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) John H. Homuser, M. D.
Coroner

(Address) 3132 Roland ave

M. D. B. 1268-9

F 07976

07976 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

46

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1- 507 S. Chapel St. Ward)
Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Bahner.
(a) Residence: No. 507 S. Chapel St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Bahner

6. DATE OF BIRTH (month, day, year) July 23 - 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME John Bahner
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Katherine Bahner
(Address) 507 S. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Jan 2 . 1935

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 703 W Pratt St

20. FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 27 . 1934

22. I HEREBY CERTIFY, That I attended deceased from October 1 . 1934 to December 28 . 1934
I last saw him alive on ... . 19 .. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary of Stomach	2
Other contributory causes of importance:	
Heart failure	1

Name of operation Sigmoidoscopy & ... Date of ...
What test confirmed diagnosis? X-ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... . 19 ..
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) Harry A Rutledge . M. D.
(Address) 1623 E Northern

M. D. B. 1268-9

07977 F 07977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1508 Bank St. St., 3-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (yrs. 10) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franciszka Forysiak

(a) Residence: No. 1508 Bank St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Forysiak

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Michal Pawlowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT T. Forysiak Son
(Address) 1508 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date Jan 2- 35 19

19. UNDERTAKER F W Cofferski
(Address) 130 Eastern Av

20. Filed 1935 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 19 34

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934 to Dec. 29, 1934

I last saw her alive on Dec. 29 1934. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 Day.

Other contributory causes of importance:

Cardiac Failure

Name of operation None Date of

What test confirmed diagnosis? Clin. Sign Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. E. Neu M. D.

(Address) 408 S Bel Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

07978 F 07978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 919 Sterling St. 10-91 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Buchanan Pinkett

(a) Residence: No. 919 Sterling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Adell Pinkett

6. DATE OF BIRTH (month, day, year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Surrey Va

FATHER

13. NAME Travis Pinkett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Columbus

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Adell Pinkett
(Address) 919 Sterling St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date 1-2-1935

19. UNDERTAKER Albert Mamie H. Wright
(Address) 218 McCulloh St

20. FILED 1-3-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1934 to Dec 31 1934

I last saw h. alive on Dec 29 1934 Death is said to have occurred on the date stated above, at 7 25 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza virus	12-24
Other contributory causes of importance:	
Dyspnea	12-24

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed) Edward Fisher M. D.

(Address) 1612 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07979

HEALTH DEPARTMENT—CITY OF BALTIMORE

07979

CERTIFICATE OF DEATH

92-001

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3405 Southern ave. St., 27-91 Ward)

Length of residence in city or town where death occurred Unknown yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME M. Christina Volker

(a) Residence: No. 3405 Southern ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Volker

6. DATE OF BIRTH (month, day, year) July 9th 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alsace Lorraine Germany

FATHER

13. NAME Christian Sykes

14. BIRTHPLACE (city or town) (State or country) Volksberg Germany

MOTHER

15. MAIDEN NAME Wilhelmina Stock

16. BIRTHPLACE (city or town) (State or country) Britten Germany

17. INFORMANT Frederick Volker

(Address) 3405 Southern Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date Jan 2 1935

19. UNDERTAKER Frederick Sloan & Son

(Address) 940 Edgar Road

20. Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 30 1934

22. I HEREBY CERTIFY, That I attended deceased from July 10 1934 to Dec 30 1934

I last saw deceased alive on Dec 30, 1934 Death is said to have occurred on the date stated above, at 9:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
& Cardiac Decompensation	
Other contributory causes of importance:	
Chronic Endocarditis with Fibrillation	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 4702 Hospital Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

F 07980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07980

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. South & Carlton St. 21-61 Ward)

Length of residence in city or town where death occurred 46 yrs. 5 mos. 13 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Lawson

(a) Residence: No. 1127 Wash Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Harry Lawson

6. DATE OF BIRTH (month, day, year) July 8th 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Bell
14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Susie Blake
16. BIRTHPLACE (city or town) Baltimore, Md
(State or country)

17. INFORMANT Mr Harry M Lawson
(Address) 1127 Wash Ave St

18. BURIAL, CREMATION, OR REMOVAL
Place Westlow Date 1/3/1935

19. UNDERTAKER John F Cowan & Son
(Address) 901 Gilmor St.

20. FILED 1 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12-31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1934, to 12-31, 1934

I last saw h[illegible] alive on 12-31, 1934, death is said to have occurred on the date stated above, at 5½ a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cardio-Vascular Renal disease	
2. Hypertension	
3. [illegible]	

Other contributory causes of importance:

1. Anemia	
2. Myocardial failure	
3. Hypostatic pneumonia	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible], M. D.
(Address) [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07981

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1662 E 25th St., 9-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Grap.

(a) Residence: No. 1662 E. 25th St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary C. Grap

6. DATE OF BIRTH (month, day, year) Dec 31st 1877

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Crane Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bartlett Hayward Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Charles Grap

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Annie Topp

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Mary C. Grap

(Address) 1662 E 25th St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 1/2/ ..., 1934

19. UNDERTAKER John J. Cowan & Son

(Address) 1901 Hollins St.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/ ..., 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 ..., 1934 to Dec 29 ..., 1934

I last saw h... alive on. Dec 29 ..., 1934. Death is said to have occurred on the date stated above, at 6.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Colitis Tuberculosis	9/4/34

Other contributory causes of importance:

None

Name of operation none Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. 1268-9

F 07982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07982

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen'l Hosp. St., 15-01 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Minor Carter

(a) Residence: No. 3505 Copley Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian L Carter

6. DATE OF BIRTH (month, day, year) Oct 24 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Occaquan Va

FATHER

13. NAME James Carter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date Jan 1 1935

19. UNDERTAKER Wm J Tucker & Sons
(Address) North & Penna aves.

20. FILED Jan 1 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 29 1934

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Dec 29 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H C Lurk Coroner M. D.

(Address)

Instructions on back of certificate.

M. D. R. 1268-9

F 07983

07983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2259 Madison ave 3-6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Hall

(a) Residence: No. 2259 Madison ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Andrew Hall

6. DATE OF BIRTH (month, day, year) Aug. 20, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C,

FATHER

13. NAME Henry Gordon

14. BIRTHPLACE (city or town) (State or country) N C,

MOTHER

15. MAIDEN NAME Pattie Hall

16. BIRTHPLACE (city or town) (State or country) N C,

17. INFORMANT Wallace Hall

(Address) 2259 madison ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Jan 1 1935

19. UNDERTAKER T. E. Kelson

(Address) 1202 Freestman St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1934 to Dec. 30, 1934

I last saw h alive on Dec. 30, 1934 Death is said to have occurred on the date stated above, at 12.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	—

Other contributory causes of importance: none

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. N. Pigott M. D.

(Address) 5364 N. Rosedale St.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9

✓ F 07984

07984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 72-021

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 4-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James L. Gore. (James L. Gore)

(a) Residence: No. Andrews Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Ella Moore

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md USA

FATHER

13. NAME John Gore

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Alonza Gore

(Address) Andrews - Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md Date January 2 1935

19. UNDERTAKER J. W. Mitchell & Ford

(Address) 19 to Entaw Place

20. FILED 1-2-1935 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec-31-1934

22. I HEREBY CERTIFY, That I attended deceased from 12 28 1934 to 12-31-34 19

I last saw him alive on 12-31-34 19 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Lymphoid Leukemia	18 yrs
acute exacerbation of lymphoid leukemia	8 mos.

Other contributory causes of importance:

Secondary anemia

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Deming M. D.

(Address) University Hospital

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 07985

07985 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

1940

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 W. Lanvale St St., 11-9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME KATHARINE MacPHERSON BRISCOE

(a) Residence: No. 209 West Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ::::::::

6. DATE OF BIRTH (month, day, year) Oct. 2 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Social Worker 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John P. Briscoe

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Kate M. Bowen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Philander Briscoe
(Address) 209 W. Lanvale Street Jan. 2, 1934

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Episcopal Church Cemetery Prince Frederick Calvert Co. Md.

19. UNDERTAKER Chas. R. Trace & Son
(Address) 1525 N. Mt. Royal Ave

1 1935

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 31 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h alive on Jan. 7, 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of lung	

Other contributory causes of importance:

Name of operation X-Ray Autopsy Date of Yes

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 31, 1934

Where did injury occur? 209 W Lanvale
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs in Furnace Laundry Cafe struck her in Head

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. Clark, M. D.
Coroner

(Address)

Spec.—1-10-21—M&T—1500 Blks.

07986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07986

CERTIFICATE OF DEATH.

93-004

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1602 N. Berkeley ST. 15-01 WARD)

2. FULL NAME Mollie Thaman Thaman

(a) RESIDENCE NO. 1602 N. Berkeley ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Fe	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel

6 DATE OF BIRTH (month, day, and year) Feb 15, 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59 yr (59)		10	15, 16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Russia

PARENTS

10 NAME OF FATHER Benjamin Epstein

11 BIRTHPLACE OF FATHER (city or town) (State or country) Russia

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Russia

14 Informant B. M. Thaman

(Address) Belden apt

15 Filed 1-1-1935, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 12/31 1934

17 I HEREBY CERTIFY, That I attended deceased from April 2, 1934, to 12/31, 1934, that I last saw her alive on Dec 31, 1934, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Myocardial insufficiency

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? ✓

What test confirmed diagnosis? Physical examination

(Signed) Frank Leyhman, M. D.

, 19 (Address) 2305 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Rosedale

DATE OF BURIAL 1-1-35, 19

20 UNDERTAKER Jack Lewis Inc

ADDRESS 1439 E Balto St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

Dr Saunders 2174 N Wolfe

F 07987

07987

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2003 Bryant ave 15th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 33 mos. ... ds. How long in U. S. If of foreign birth? 33 yrs. ... mos. ... ds.

2. FULL NAME Ada Sarah Heisman

(a) Residence: No. 2003 Bryant ave St. ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex F

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1856

7. AGE — Years 48 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Abraham Polstar

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Esra

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Herman Ed Heisman

(Address) 2003 Bryant ave

18. BURIAL, CREMATION, OR REMOVAL

Place H Cemetery Date 1-2-35

19. UNDERTAKER Geo. Lewis Son

(Address) 1709 E. Baltimore St

20. FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan. 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1934 to Jan 1 1934

I last saw h alive on Jan. 1 1935 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio-Pneumonia	2 days

Other contributory causes of importance: Diabetes Mellitus

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Saunders M. D.

(Address) 2174 N. Wolfe St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1768-9

F 07988

HEALTH DEPARTMENT—CITY OF BALTIMORE

07988

CERTIFICATE OF DEATH

95-002

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St) (5-01 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? 62 yrs. mos. ds.

2. FULL NAME Henry T. Newark

(a) Residence: No. 3412 Duvall Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) ~~WIFE~~ of Husband of AGNES Doyle

6. DATE OF BIRTH (month, day, year) 12/14/1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ~~Logan~~ ~~Doyle~~

16. BIRTHPLACE (city or town) (State or country) ~~Balto~~ ~~Md~~

17. INFORMANT Laurnce Newark
(Address) 4110 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date Jan 2 1935

19. UNDERTAKER Robt C & B M Walters
(Address) N E cor Pratt & Stricker Sts

~~Hunter Funeral Home~~

20. FILED 1-1-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/29/34 . 19

22. I HEREBY CERTIFY, That I attended deceased from 12/27/34 . 19 to 12/29/34 . 19 ...

I last saw h 17 alive on 12/29/34 . 19 Death is said to have occurred on the date stated above, at 5:55? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosklerotic Cardio-Vascular	?
Disease.	?
Embolism	?
Hypostatic Pneumonia	12/28
Other contributory causes of importance: Don't	
(Hypostatic Pneumonia)	12/28
Decubitus Ulcer	?
Acute Pulmonary Oedema	12/29

Name of operation Amputation of Rt. Arm Date of ?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Earle M. Wilder M. D.

(Address) West Balto. Gen'l Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 07989

F 07989

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3627 Liberty Heights Ave. St. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose Lawrence

(a) Residence: No. 3627 Liberty Heights Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew C. Lawrence

6. DATE OF BIRTH (month, day, year) Dec. 6, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Israel Lavigne

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Bessie Siegel

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Mr. A. C. Lawrence
(Address) 3627 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Jan. 2, 1935

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 30, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1934, to December 30th, 1934
I last saw her alive on December 26th, 1934. Death is said to have occurred on the date stated above, at 1-P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus + Metastases — Date of onset 1933.

(Carcinoma)

Other contributory causes of importance:

Name of operation Hysterectomy Date of Dec 1933

What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. W. Keown, M. D.

(Address) 1938 Linden Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9 **F 07990** ✓ **F 07990**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Alice McCullough

(a) Residence: No. LAUREL MD St., Ward. En. Howard Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SCHOOL TEACHER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT University Hosp.

(Address) Laurel Md

18. BURIAL, CREMATION, OR REMOVAL

Laurel Md. Date Jan 4 '35

19. UNDERTAKER Lord Bauer

(Address) Laurel Md.

20. FILED 19 [illegible] Registrar.

N2-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1934, to 1-1, 1935

I last saw her alive on 1-1, 1935 Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO PNEUMONIA	

Other contributory causes of importance:

CHRONIC CHOLECYSTITIS	

Name of operation CHOLECYSTECTOMY Date of 12-15

What test confirmed diagnosis? Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Boatner M. D.

(Address) University Hospital.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 126 07991

F 07991

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3423 E. Balto St., 76-C Ward)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Patrick Mannion

(a) Residence: No. 3423 E. Balto. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Delia Gillespie

6. DATE OF BIRTH (month, day, year) Mar 17, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME Mannion

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jos. Mannion

(Address) 3423 E. Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Jan 2, 1935

19. UNDERTAKER Peter Medifield

(Address) 914 Gramercy Ave.

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31, 1934 to Dec. 29, 1934

I last saw him alive on Dec. 27, 1934. Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease Hypertension	1929

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) ... M. D.

(Address) ...

M. D. B. F-07992

F 07992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-002

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2708 Roslyn Ave. St. 15-01 Ward)

Length of residence in city or town where death occurred life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marian Hawkins Thomas

(a) Residence: No. 2708 Roslyn Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene F. Thomas

6. DATE OF BIRTH (month, day, year) June 25, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Frederick H. Sewell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Alice Davis

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Eugene F. Thomas

(Address) 2708 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date Jan. 2, 1935

19. UNDERTAKER John O. Mitchell & Sons, inc

(Address) 1900 Eutaw Place

20. FILED ... 19... ... Registrar.

JAN 2 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934, to Dec 31, 1934

I last saw her alive on Dec 31, 1934 Death is said to have occurred on the date stated above, at 7:00 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis — Date of onset 12/27/34

Other contributory causes of importance:

Hypertension — ?

Arteriosclerosis — ?

Name of operation None Date of ...

What test confirmed diagnosis General Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Wilmer Boyd, M. D.

(Address) 104 W. Madison St.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268 F 07993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07993

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U.S. Marine Hosp. St. 6-01 Ward)

Length of residence in city or town where death occurred 34 yrs. 3 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Clarence Lowe

(a) Residence: No. 2003 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Ryan

6. DATE OF BIRTH (month, day, year) Sept. 28, 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
34	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 084

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME George C Lowe

14. BIRTHPLACE (city or town) (State or country) Prince George Co, Md.

MOTHER

15. MAIDEN NAME Elizabeth Witzel

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Deceased.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date Jan 4 1935

19. UNDERTAKER H. W. Cook
(Address) 1217 E. Fayette St.

20. FILED Jan 4 1935 [illegible] Registrar.

S. 3

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH (month, day, year) 12-31 1934

22. I HEREBY CERTIFY, That I attended deceased from 12-29 1934 to 12-31 1934

I last saw him alive on 12-31 1934 Death is said to have occurred on the date stated above, at 12 45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar, involving rt. middle, rt. lower lobe, and left lower lobe.	12-20-34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) M. D. Robinson M. D.

(Address) U.S. Marine Hospital

M. D. B. 1268-A

F 07994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07994

CERTIFICATE OF DEATH

87-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 32 E. 25th St. 12 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sallie B. Cooke

(a) Residence: No. 32 E. 25th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~
~~Husband of~~ (or) WIFE of Charles V. Cooke

6. DATE OF BIRTH (month, day, year) Oct 2nd 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Phila (State or country) Pa

FATHER

13. NAME Wm Brackenridge

14. BIRTHPLACE (city or town) Phila (State or country) Pa

MOTHER

15. MAIDEN NAME Lydia Hannah

16. BIRTHPLACE (city or town) Phila (State or country) Pa

17. INFORMANT Harry L. Dashiell
(Address) 32 E. 25th St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Moriah Cemetery Phila Pa Date Jan 3rd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 30 1934 to Dec. 31 1934
I last saw her alive on Dec. 31 1934 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec. 30/34.

Other contributory causes of importance:

Name of operation. None Date of ...
What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry B Theis, M. D.
(Address) 230 St Paul St.
Jan. 4/35

V S 3 OCCUPATION is very important. See instructions on back of certificate.

Spec.—9 [illegible] A. [illegible]

F 07995

F 07995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No) 1350 N. Washington (St.) 8-C (Ward)

REGISTERED NO. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Stephen Trampel.

(a) RESIDENCE No. 1350 N. Washington St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. — mos. — ds. How long in U. S., if of foreign birth? 59 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed.

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Carrie Penschmidt.

6 DATE OF BIRTH (month, day, and year) Dec 20 1856

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	—	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired Baker

(b) General nature of industry, business, or establishment in which employed (or employer) — 003

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Germany.

PARENTS

10 NAME OF FATHER unknown.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Carrie Penschmidt

13 BIRTHPLACE OF MOTHER (city or town) Baltimore, Md
(State or country) ~~Germany~~ W.

14 Informant Miss Kate Trampel.
(Address) 1350 N. Washington St

15 Filed, ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Dec. 31-1934

17

I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1932 to Dec. 31- 1934
that I last saw him alive on Dec. 31- 1934
and that death occurred, on the date stated above, at 8:15 P. m.

The CAUSE OF DEATH* was as follows:

Mitral insufficiency, Cardiac Hypertrophy later dilation - History 8 to 10 yrs - Chronic nephritis, white Contracted, Cardiac decompensation (duration) 2 yrs. 8 mos. — ds.

CONTRIBUTORY (Secondary) Bronchio-Pneumonia
(Terminal) (duration) ... yrs. ... mos. 2 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no —

What test confirmed diagnosis? Clinical. Laboratory

(Signed) J. Harold Wiener. M. D.

1/1. 1935 (Address) 212 S. Maryland Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery — DATE OF BURIAL Jan 3 1935

20 UNDERTAKER Henry Lutz — ADDRESS 1203 N. Broadway

TION is very important. See instructions on back of certificates.

M. D. P. [illegible] F 07996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07996

CERTIFICATE OF DEATH

V 46

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., N-01 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Lydia T. Wysocki

(a) Residence: No. 301 Potomac Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John D. Wysocki

6. DATE OF BIRTH (month, day, year) Sept. 6-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm. Gottl. Seubert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elis. Leukolz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 12/30 Loudon P.L.M.

19. UNDERTAKER Henry H. Wagner Co

(Address) 4101 - Edmondson Ave

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934 to Dec 31, 1934

I last saw h alive on Dec 31, 1934 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Descending Colon	?
Metastasis Liver	

Other contributory causes of importance:

Name of operation Exploratory Date of 11/14/33

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward L. Jensen, M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

S R 3

M. D. B. 126 F 07997 F 07997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3453 Chestnut Ave St., 13-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Shipley

(a) Residence: No. 3453 Chestnut Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jane A. Shipley

6. DATE OF BIRTH (month, day, year) Sept 23, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stonecutter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Thomas D. Shipley

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Johan Grimes

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Howard Shipley

(Address) 3453 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL

St. Marys, Hampden Date Jan 2 1935

19. UNDERTAKER Chenoweth Son

(Address) 3615-17 Chestnut Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934 to Dec 31, 1934

I last saw him alive on Dec 31, 1934. Death is said to have occurred on the date stated above, at 6.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paresis of the Aged	Dec 34
Other contributory causes of importance: Arterio Sclerosis	Indefinite

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) C. H. Dieffenbacher M. D.

(Address) 850 W. 36th St Baltimore Md.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1[illegible] F 07998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07998

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Payne

(a) Residence: No. Home St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 26, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) Arkansas

17. INFORMANT Records Balt City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Pl[illegible] Date 1-2 1935

19. UNDERTAKER Francis A. Hemler

(Address) 578 W. Biddle St.

20. FILED [illegible] 19[illegible]

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1934 to Dec 29, 1934

I last saw him alive on Dec. 29, 1934. Death is said to have occurred on the date stated above, at 8:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism, chronic	?
Lobar Pneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) T. Phagan M. D.

(Address) Balt City Hosp

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. F. 12

F 07999

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 07999

CERTIFICATE OF DEATH

82-001

1. PLACE OF DEATH Pronounced at the

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sylvester Taylor.

(a) Residence: No. Severn, Md. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If ~~SINGLE~~ widowed, or divorced HUSBAND of (or) WIFE of Jeannette Taylor.

6. DATE OF BIRTH (month, day, year) April 30, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 08

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Savage, Md.

FATHER

13. NAME George M. Taylor.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Elizabeth Harlan.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Jeannette Taylor. (wife)

(Address) Severn, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Cemetery Date Jan 3, 1935

19. UNDERTAKER H. & J. Tucker & Son

(Address) Ft. Smallwood Rd.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) December 31, 1934

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy.	

(Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto M. Reinhardt Coroner, M. D.

1/1/35 (Address) 1017 S. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F-08010

F 08000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-003

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2925 Clifton Ave. 15-01 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth J. Spencer

(a) Residence: No. 2925 Clifton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Dec 24 1860

7. AGE: Years 74 | Months 0 | Days 7 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (37)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) at this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John M. Spencer

14. BIRTHPLACE (city or town) (State or country): Hartford Conn

MOTHER

15. MAIDEN NAME: Sarah Elizabeth Gurley

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Marie R. Spencer 2925 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Friends Cem Date Jan 8 1935

19. UNDERTAKER (Address): Wm J. Tiefenthaler & Son 1700 E Pratt

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Dec 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on January 19... Death is said to have occurred on the date stated above, at ... M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Chronic Myocarditis	
Senility	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. Edwin Gorsuch Coroner, M. D.

(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 20th DAY August

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #F 05501 - Oct. 11, 1934 AND

ENDING WITH #F 08000 JAN 2, 1935 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. MacFaul

END OF REEL